# THE CANADIAN NURSE

ERIODICALS R.

VOLUME 52 NUMBER 8
MONTHLY
MONTREAL

*Highlight for*
**AUGUST 1956**

CLINICAL
LABORATORY
PROCEDURES

•

PRESSURE COOKER
STERILIZING
*(Nott & Merrill, Toronto)*

•

NEW YORK UNIVERSITY LIBRARIES
AUG 20 1956

THE CANADIAN NURSES' ASSOCIATION

# Brooks – Basic Facts of General Chemistry

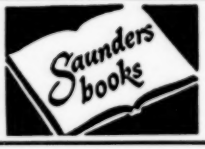
**For short courses in general chemistry here is a new book — concise — easy to understand — simply written — and logically organized with interesting illustrations and stimulating review questions. To make the course more meaningful, many important applications are made to the biological sciences, especially physiology.**

By Stewart M. Brooks, Ph.G., B.S., M.S., Instructor in the Sciences, School of Nursing, Muhlenberg Hospital, Plainfield, New Jersey. 354 pages, illustrated. $4.75. *New!*

# Brooks – Selected Experiments in General Chemistry

**This new laboratory manual is well-organized and correlated with the above text. The well chosen experiments illustrate and enliven the basic concepts of an elementary course in general chemistry. Original drawings are so clear the student can set up the experiments with a minimum of time and explanation. Exercises can be easily torn out.**

By Stewart M. Brooks, Ph.G., B.S., M.S. 113 pages, illustrated. $2.00. *New!*




# Hansen – Review of Nursing

**This *New (8th) Edition* provides a thorough up-to-date review of every course in the nursing curriculum. A great help in planning classes . . . composing examinations . . . reviewing for registration . . . or as an excellent guide to more effective and organized study.**

By Helen F. Hansen, R.N., A.B., M.A., Formerly Executive Secretary, Board of Nurse Examiners, California. 758 pages. $5.75. *New (8th) Edition!*

# Price – Art, Science and Spirit of Nursing

**The choice of 50% of the nursing schools in Canada! This interesting book emphasizes the basic principles of nursing arts and gives your students a sound foundation in caring for the sick, physically, mentally and spiritually. A Teacher Supplement gives quick help in lesson planning.**

By Alice L. Price, R.N., M.A., Formerly Counselor School of Nursing, Presbyterian Hospital, Chicago; Nurse Consultant for Hill-Rom Co., Inc., Batesville, Ind. 882 pages, with 275 illustrations. $5.50.

## W. B. SAUNDERS COMPANY

**West Washington Square** **Philadelphia 5, Pa.**

**Canadian Representative. McAinsh & Co. Ltd., 1251 Yonge St., Toronto 7**

IF YOU WANT YOUR UNIFORMS

TO STAY WHITE... YOU WANT

# TERYLENE*

PROFESSIONAL UNIFORMS

## ...NOT YELLOWED BY DETERGENTS

You can wear the same 'Terylene' uniform day after day if you want to... this talented new textile fibre washes easily, drip-dries in a hurry and rarely needs ironing. But, perhaps, the most wonderful thing about 'Terylene' uniforms is that all this regular washing in modern detergents does not change their colour. You buy a white uniform and it stays white!

Remember these special 'Terylene' features, too... *better wrinkle resistance than any other type of fibre... properly set pleats stay securely locked in through washing after washing.*

100% 'Terylene' uniforms in a variety of styles by MIDLAND WHITE WEAR — are now available in stores across the country.

KEEP YOUR EYE ON

*Registered trade-mark polyester fibre

C-I-L CANADIAN INDUSTRIES LIMITED

# THE CANADIAN NURSE

## *L'Infirmière Canadienne*

**VOLUME 52** **NUMBER 8**

**AUGUST 1956**



**590** New Products

**597** Tomorrow's Pattern.....*Gladys J. Sharpe*

**601** A Summary of Clinical Laboratory Procedures.....*E. M. Watson*

**611** What it Means to be Old.....*Elisabeth C. Phillips*

**617** Diabetes Mellitus.....*Mary Dersco*

**624** Nursing Profiles

**626** In Memoriam

**627** When a Nurse Has Diabetes.....*Daphne Bell*

**630** Impressions d'Afrique...*Claire (Desmarais) Tremblay*

**634** Sélection

**636** A New Deal for Male Nurses.....*Albert Wedgery*

**640** Life, Profession and School.....*Sir Fred Clarke*

**648** Canadian Nurse Award

**649** News Notes

**661** Employment Opportunities

**672** Official Directory



*Editor and Business Manager*
MARGARET E. KERR, M.A., R.N.

*Assistant Editor*
JEAN E. MacGREGOR, B.N., R.N.


*The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of* The Canadian Nurse *nor of the Canadian Nurses' Association.*


*Subscription Rates:* Canada & Bermuda: 6 months $1.75; one year, $3.00; two years, $5.00.
Student nurses — one year, $2.00; three years, $5.00. U.S.A. & foreign: one year, $3.50; two years, $6.00.
In combination with the *American Journal of Nursing* or *Nursing Outlook:* one year, $7.00.
Single copies, 35 cents.
Make cheques and money orders payable to The Canadian Nurse Journal.
Detailed *Official Directory* appears in **June & December.**
*Change of address:* Four weeks' notice, and the *old* address as well as the new are necessary.
Not responsible for Journals lost in mail due to errors in address.
Authorized as Second-Class Mail, Post Office Department, Ottawa.
National Advertising Representatives: W. F. L. Edwards & Co. Ltd., 34 King St. E., Toronto 1, Ont.
Member of Canadian Circulations Audit Board.

**1522 Sherbrooke Street, West, Montreal 25, Quebec**

# White Sister TERYLENE* UNIFORMS

**ON DUTY - - - Immaculate, attractive.**

Designed to meet your own high standards and the demands of your work - - - WHITE SISTER NURSING UNIFORMS. Styled in Terylene, they'll stay spanking white (not yellowed by detergents) - - - and freshly crisp (high wrinkle resistance).

**OFF DUTY - - - Just dip, and drip-dry.**

Very important too, wash them and hang to drip-dry - - - no ironing should be necessary.

**LOVELY ALL WHITE TERYLENE POLAR STRIPE (U-3584 Sizes 12-20)**

Corded stripe with side pleated flared skirt, deep cutaway pockets, beautiful front and back yokes and convertible collar. Short sleeves only.

ALSO AVAILABLE IN 100% 250 DENIER TERYLENE TAFFETA.

U-3580 (short sleeves) 12-20
U-3581 (¾ sleeves) 12-20

**ALL WHITE TERYLENE SHANTUNG (U-3583 Sizes 12-20)**

Prettier than ever "Terylene" Shantung with winged collar, attractive tucked bodice, dolman cuffed sleeves, wide flattering skirt and cutaway pockets. Short sleeves only.

*Registered Trade Mark — CIL'S Polyester Fibre.

## AVAILABLE AT EATON'S OF CANADA

Mail coupon to the Uniform Department of your nearest EATON'S store.

CHECK YOUR STYLE

- ☐ U-3584 (short sleeves) $14.95
- ☐ U-3583 (short sleeves) $14.95
- ☐ U-3580 (short sleeves) $14.95
- ☐ U-3581 (¾ sleeves) $15.95

My size usually worn is .....

Size 12, 14, 16, 18, 20 ONLY.

MONEY BACK GUARANTEED.

Dear Sirs:

Please "RUSH" my new uniform — style and size as checked at left. EATON'S will pay all shipping charges

- ☐ 1. Enclosed is payment in full.
- ☐ 2. Please ship uniform C.O.D.

MY NAME .....

ADDRESS .....

PROVINCE .....

# Between Ourselves

As is customary in a Biennial Convention year, we are pleased to present the **presidential address.** In our lead article this month **Gladys J. Sharpe** reviews some of the highlights of the past biennium with an eye to their bearing on developments in Canadian nursing. Her duties as president of the Canadian Nurses' Association have called for extensive travelling. You have read and enjoyed the account of her trip to Istanbul, Turkey as one of our representatives to the Board of Directors' meeting of the I.C.N. A busy director of nurses, she has managed to crowd into an already-overflowing professional calendar, a record of accomplishments on our behalf that proves again the old adage — if you want something done, give it to a busy person.

* * *

We are featuring the **summary of laboratory procedures** prepared by Dr. E. M. Watson this month. Elsewhere will be found a half-page form listing the prices for reprints of this material. It would expedite the ordering of these reprints very considerably if we could have some idea of the probable quantity that will be wanted. It is not necessary to send payment in advance. We will invoice purchasers when the reprints are sent out. But please give us some idea of quantity as quickly as possible.

Dr. Watson is Professor of Pathological Chemistry and Senior Associate in Medicine, Faculty of Medicine, University of Western Ontario, London. He is Clinical Pathologist at Victoria Hospital.

* * *

The usual burst of **year books** from schools of nursing across the country is subsiding. Many of the copies that have been received are excellent, showing perseverance, originality and downright hard work. The numerous student editors are to be congratulated on their handiwork. We hope the schools will continue to share copies with us each year. More than that! We hope these budding editors will continue to write after they have graduated and will share their material with their colleagues through the pages of *The Canadian Nurse.*

* * *

More and more, in the items for News Notes that are received from districts, chapters and alumnae associations, it would appear that discussions on topics of pertinent interest are superseding the formal lectures as program. A very useful booklet entitled "Putting Words to Work" has recently been published by the Canadian Association for Adult Education. It is our feeling, after reading through this 23-page booklet, that it would be a distinct advantage for every association to have a copy of this guide to **effective group discussion.** Copies may be obtained from C.A.A.E., 113 St. George St., Toronto, Ont., for 50 cents each.

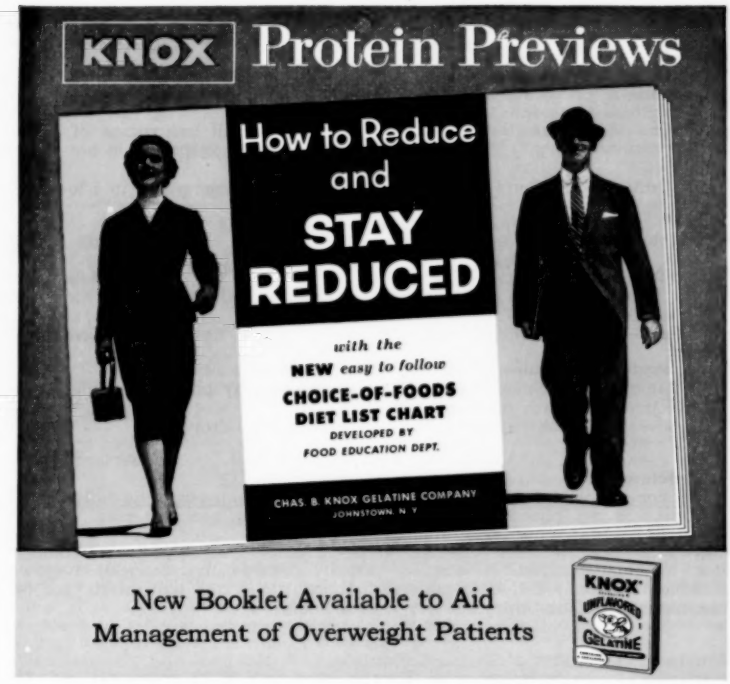
It will be a great day for our professional associations when *every* nurse has acquired at least a modicum of skill in phrasing questions easily, in marshalling her thoughts in orderly fashion, in talking *at* meetings instead of afterwards. As in so many other things practice is the key that will unlock previously closed lips, that will take that icy feeling away from the pit of the stomach, that will produce new thinking and leadership among the members of our profession. Let us have *more* discussion groups, *more* intelligent and realistic reasoning of our common problems. This booklet is a good starting point.

* * *

One of the old reliable sections of the *Journal* is not included this month. Pressure of work has prevented the secretaries at National Office from preparing the customary items of interest regarding "Nursing Across the Nation." We look forward to resuming this section and its companion "Le Nursing à travers le Pays" next month.

---

Self-restraint; self-discipline; resolute determination to preserve the good manners, the decencies, the cultural traditions of our society; a kindling of the civilized conscience; esteem for the integrity of the honorable dissenter; dispersion of power rather than concentration of power; freedom to apply one's industry according to one's talents; freedom to possess and enjoy the benefits of property, to save and to invest, to spend and to lose; freedom to seek redress from injustice; freedom to worship the God of one's own choice, and freedom to think one's thoughts and to speak one's mind — these are the indivisible elements of a free society. — Lewis W. Douglas


KNOX Protein Previews
How to Reduce and STAY REDUCED
with the NEW easy to follow CHOICE-OF-FOODS DIET LIST CHART
DEVELOPED BY FOOD EDUCATION DEPT.
CHAS. B. KNOX GELATINE COMPANY
JOHNSTOWN, N. Y.
New Booklet Available to Aid Management of Overweight Patients
KNOX
GELATINE

The 1955 edition of the well-known Knox "Eat-and-Reduce" booklet eliminates calorie counting for obese patients under your care. This year's edition is based on the use of Food Exchange Lists[1] which have proved so accurate in the dietary management of diabetics.

The first 18 pages of the new booklet present in simple terms key information on the use of Food Exchanges (referred to in the book as Choices). In the center, double gatefold pages outline color-coded diets of 1200, 1600, and 1800 calories based on the Food Exchanges.

To help patients persevere in their reducing plans, the last 14 pages of the new Knox booklet are devoted to more than six dozen, *tested*, low-calorie recipes. Use the coupon below to obtain copies of the new "Eat-and-Reduce" booklet.

1. Developed by the U.S. Public Health Service assisted by committees of The American Diabetes Association, Inc. and The American Dietetic Association.

Knox Gelatine Limited
Johnstown, N. Y., Dept. CD-20
*Please send me ___ copies of the new illustrated Knox "Eat-and-Reduce" booklet based on Food Exchanges.*
YOUR NAME AND ADDRESS

# New Products

*Edited by* DEAN F. N. HUGHES

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

### CENTRINE INJECTION

**Manufacturer**—Bristol Laboratories of Canada Limited, Montreal, P.Q.

**Description**—A prepared, sterile, stable solution containing in each cc.: Centrine dihydrogen citrate (aminopentamide) 0.5 mg.

**Indications**—As a substitute for atropine sulfate, in all indications of parenteral atropine. Particularly useful in cases which are known or suspected to have atropine sensitivity.

**Administration**—The usual dose is 0.5 mg., repeated if necessary in 3 to 4 hours.

### COLACE

**Manufacturer**—Mead Johnson & Company of Canada, Limited, Toronto and Belleville, Ont.

**Description—Capsules:** Each capsule contains 50 mg. of dioctyl sodium sulfosuccinate.

**Liquid:** Colace liquid is a 1% solution containing 10 mg. dioctyl sodium sulfosuccinate in each cc.

**Indications**—A gentle-acting stool-softener for use in treating and avoiding constipation.

**Administration—Capsules:** 1 capsule daily, or as prescribed.

**Liquid:** Infants and children under 3: as prescribed by physician. Children 3 to 6: 1 cc. 1 to 3 times daily, or as prescribed.

Administered by unbreakable plastic calibrated safti-dropper.

### CORICIDIN FORTE CAPSULES

**Manufacturer**—Schering Corporation Ltd., Montreal, P.Q.

**Description**—Each capsule contains: 4 mg. chlorprophenpyridamine maleate, 190 mg. salicylamide, 130 mg. phenacetin, 30 mg. caffeine, 50 mg. ascorbic acid, 1.25 mg. methamphetamine hydrochloride.

**Indications**—For intensified therapy of the common cold, rapidly controlling local reactions, such as lacrimation, sneezing, nasal discharge, and congestion as well as constitutional symptoms including malaise, general aches and pain, chills and fever.

**Administration**—One capsule every 4 to 6 hours.

### CYTOFERIN

**Manufacturer**—Ayerst, McKenna & Harrison, Ltd., Montreal.

**Description**—Each tablet provides: Ferrous sulphate B. P. 324 mg., vitamin C, 150 mg.

**Indications**—As a readily available source of iron in microcytic hypochromic anemias.

**Administration**—One tablet 2 or 3 times daily preferably with meals.

### DRAPOLENE

**Manufacturer**—Calmic Limited, 309-310 Terminal Bldg., York St., Toronto, Ont.

**Description**—Benzalkonium Chloride 0.01% in soothing water-miscible base.

**Indications**—Diaper rash, urinary dermatitis — prevention and treatment.

**Use**—Apply after diaper change, making certain that all traces of soap are removed from the skin.

### FLEXIN

**Manufacturer**—McNeil Laboratories, Inc.; **Can. Dist.:** Van Zant & Company, Toronto, Ont.

**Description**—2-amino-5-chlorobenzoxazole.

**Indications**—Musculoskeletal disorders.

**Administration**—Adults: One to 2 tablets (250 to 500 mg.) 3 or 4 times a day with food or immediately after meals. Children: One tablet (250 mg.) 2 to 4 times a day.

### SABOL

**Manufacturer**—Frank W. Horner Limited, Montreal.

**Description**—A new, extremely effective bactericidal treatment for infectious dandruff.

1. Cleanses the hair and scalp.
2. Destroys the organisms associated with infectious dandruff.

**Indications**—For infectious dandruff and seborrheic dermatitis.

**Administration**—Wet hair thoroughly, massage ¼ to ½ oz. sabol into the scalp for 2 to 3 minutes and rinse. Repeat application, rinse, dry, and brush. In most cases, one Sabol treatment a week is required in order to keep the scalp free from dandruff.

To prevent reinfection, brush and comb should be washed in a solution of Sabol — 1 or 2 teaspoonfuls to a glass of water.

*The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

# *Price list for Reprints*

A new edition of Dr. E. M. Watson's

**Summary of Clinical Laboratory Procedures**

will be available after August 15, 1956.

*Prices:*

| | |
|---|---|
| Single copies | 10 cents |
| One dozen copies | $1.00 |
| 25 to 100 copies | 8 cents each |
| Over 100 copies | 6 cents each |

Name .....

Address .....

No. of Copies .....

Amount Enclosed .....

### GRAVOL LONG ACTING

**Manufacturer**—Frank W. Horner Limited, Montreal, Que.

**Description**—Each long acting capsule contains granules with different disintegrating times. Thus they provide relief from nausea and vomiting for prolonged periods. Each capsule supplies 75 mg. gravol (dimanhydrinate) — 25 mg. for immediate release and 50 mg. for prolonged release.

**Indications**—Nausea and vomiting of pregnancy; extended travel; any condition requiring prolonged treatment.

**Administration**—Nausea and vomiting of pregnancy — one capsule at bedtime and one on awakening. Repeated as required. Other indications — one capsule as directed.

### NEO-CORTEF LOTION 1%

**Manufacturer**—The Upjohn Company of Canada, Toronto, Ont.

**Description**—Each cc. contains: Hydrocortisone acetate 10 mg., neomycin sulphate 5 mg., methylparabex 2 mg., butyl-p-hydroxybenzoate 3 mg.

**Indications**—For topical application as an anti-inflammatory and anti-infective preparation.

### TOLERIN

**Manufacturer**—Anglo-Canadian Drug Co. Ltd., Oshawa, Ont.

**Description**—Each tablet contains 5 gr. acetylsalicylic acid buffered with a balanced colloidal aluminium-magnesium gel.

**Indications**—For salicylate therapy of rheumatic diseases, where relatively large doses are required over long periods, with a minimum of gastric disturbance.

**Administration**—In rheumatic diseases, usual daily dosage is a total of 8 to 12 tablets, in divided doses of 2 tablets every 3 or 4 hours. As an analgesic and antipyretic, 1 to 3 tablets is the usual single adult dose.

### TRIDAL

**Manufacturer**—Lakeside Laboratories (Canada) Ltd., Toronto, Ont.

**Description**—N-ethyl-3-piperidyl-diphenylacetate HCl 50 mg.; N-ethyl-3-piperidyl-benzilate methobromide 5 mg., white unscored tablets.

**Indications**—Gastrointestinal disorders such as: nervous indigestion, gastrointestinal cramps, flatulence, hypermotility, hyperacidity, colonic spasm.

**Administration**—As prescribed, usually 1 tablet 2 or 3 times daily and at bedtime, to be swallowed quickly with water.

*The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

# McMASTER UNIVERSITY

## School of Nursing

## 1956-1957

**I DEGREE COURSE IN BASIC NURSING**

*A Four-Calendar-Year Course* designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

**II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES**

*A Two-Year Course* designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries are available in both years of this course.

*For additional information, write to:*

**School of Nursing, Hamilton College,**
**McMaster University, Hamilton, Ontario.**


### METICORTELONE ACETATE

**Manufacturer**—Schering Corporation Limited, Montreal, Que.

**Description**—Prednisolone acetate 25 mg. per cc. suspended in saline solution.

**Indications**—Designed expressly for localized intra-articular therapy of rheumatoid arthritis, osteoarthritis and posttraumatic bursitis. Pain and joint stiffness generally are relieved within 24 hours, benefits lasting for an average of eight days up to several weeks in some cases. The new sterile corticoid suspension is particularly useful: (1) when only one or two peripheral joints are involved; (2) when treating resistant or severely involved joints during systemic therapy; (3) when systemic therapy with gold, ACTH or corticosteroids is ineffective or contraindicated; (4) when joint surgery is required; and (5) when indicated to decrease the severity of relapse in one or several joints. Also indicated for intramuscular use where oral therapy is not possible.

**Administration**—Intra-articular. The average dosage for larger joints is 25 mg. (1 cc.) while 10 to 15 mg. usually is sufficient for smaller joints. Severely inflamed joints may require one or more injections a week. Intrasynovial or intrabursal injections are particularly suitable for the knee, shoulder, elbow, wrist, ankle, phalangeal joints and bursae. In acute bursitis a single injection of 25 mg. (1 cc.) or occasionally 37.5 mg. (1.5 cc.) usually is sufficient for complete relief. A second injection may be given in 3 to 5 days as required.

**Intramuscular**—The average dosage for initial suppression of symptoms is 30 mg. daily, divided equally into three doses. When symptoms have been controlled, this dosage may be reduced 2½-5 mg. daily until maintenance therapy has been determined.

---

The only way to diet successfully is to cut *down* on the total intake of food, not to *cut* out one or two specific foods in the mistaken belief that these are somehow the villains of the piece. By the same token that no one food is "fattening" by itself when taken in sensible amounts, there is no such thing as a "reducing" food — that's a contradiction in terms. Too much of any food — even rare steak broiled to a fine turn — can contribute to overweight just as surely as too much of anything else. But such foods as these have escaped the blanket condemnation that bread, potatoes and sugar have received — perhaps because they are generally more expensive and consequently eaten less.

— Stare & Lyons in
*McCalls Magazine*

## PSYCHIATRIC NURSING COURSE

The ALLAN MEMORIAL INSTITUTE OF PSYCHIATRY OF THE ROYAL VICTORIA HOSPITAL offers six-month courses in Theory and Practice in ***Psychiatric Nursing*** to ***Graduate Nurses*** in good standing in their own province.

Classes — Spring and Fall.

Complete maintenance or living-out allowance, meals in hospital and uniform laundry for the first three months. General duty rates the second three months.

*For further information write to:*

**Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Kathleeen Marshall, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.**

## ROYAL VICTORIA HOSPITAL

**School of Nursing, Montreal**

## COURSES FOR GRADUATE NURSES

1. **A four-month clinical course in *Obstetrical Nursing.***
2. **A two-month clinical course in *Gynecological Nursing.***

***Salary*—After second month at General Staff rates.**

*For information apply to:*

**Director of Nursing**
**Royal Victoria Hospital**
**Montreal 2, Que.**

Even mild or occasional constipation takes a heavy toll of a nurse's energy.

Pheno-Active is a gentle laxative that will not cause cramps, yet is effective for even the most severe cases. You can take Pheno-Active, or recommend its use to others, with complete confidence.

*Available in handy tubes for your purse, and in economy size for home use.*

Charles E. Frosst & Co.
MONTREAL CANADA

# PSYCHIATRIC
## NURSING COURSE

The Hospital for Mental Diseases, Brandon, Manitoba, offers a 6-month Diploma Course in Psychiatric Nursing to Registered Nurses.

Applicants accepted in September of each year. Salary while taking course: $205 per mo. less $25 per mo. for full maintenance.

Upon completion of course nurses are eligible for positions on Permanent Staff.

*For further information apply:*

**Superintendent of Nurses,**
**Hospital for Mental Diseases,**
**Brandon, Manitoba.**

## THE WINNIPEG GENERAL HOSPITAL

Offers to qualified **Registered Graduate Nurses** the following opportunities for advanced preparation:

1. A six-month *Clinical Course in Obstetrics.*
2. A six-month *Clinical Course in Operating Room Principles and Advanced Practice.*

These courses commence in JANUARY and SEPTEMBER of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

*For further information please write to:*

**DIRECTOR OF NURSING**
**GENERAL HOSPITAL**
**WINNIPEG, MANITOBA**

## NOVA SCOTIA SANATORIUM
**KENTVILLE** **N.S.**

Offers to Graduate Nurses a Six-Month Course in ***Tuberculosis Nursing,*** including Immunology, Prevention, Medical & Surgical Treatment.

1. Full series of lectures by Medical and Surgical staff.
2. Demonstrations and Clinics.
3. Experience in Thoracic Operating Room and Postoperative Unit.
4. Full maintenance, salary & all staff privileges.
5. Classes start May 1st and November 1st.

*For information apply to:*

**SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.**

# PSYCHIATRIC COURSE
*for*
# GRADUATE NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Graduate Nurses a six-month certificate course in *Psychiatric Nursing.*

- Classes in June and December.
- Remuneration and maintenance.

*For further information apply to:*

**Superintendent of Nurses**
**Nova Scotia Hospital**
**Drawer 350**
**Dartmouth, Nova Scotia**

# The Pediatric Nurse

Taking charge of a band of "wild frontiersmen" can be as difficult as trying to put your finger on a drop of mercury. But that's the way children are, bless 'em, and we bet you wouldn't trade wards with anyone!

This same devotion to duty also makes us believe you are interested in knowing more about the drugs you regularly administer—products like these:

ACHROMYCIN* Tetracycline Pediatric Drops and Syrup, two cherry-flavored forms of the leading tetracycline.

VARIDASE* Streptokinase-Streptodornase, a versatile enzyme used for wound debridement and for control of inflammation.

FOLBESYN* Vitamins, a high-potency parenteral B-Compound with C.

*REG. TRADE-MARK

The easiest way to get such information is to talk with the Lederle detail man whenever you have a few minutes to spare. Why not contact him today through your hospital pharmacy?

Lederle

LEDERLE LABORATORIES DIVISION
NORTH AMERICAN CYANAMID LIMITED
MONTREAL, QUEBEC

MEDICAL REPRESENTATIVE

# Sweet-tooth satisfier

**...for sugar-restricted patients**

With this new non-caloric sweetener, your patients can satisfy their craving for sweets and still maintain a low sugar intake. IMPROVED SUCARYL has a pleasant, sugar-like sweetness, yet contains no carbohydrates or other nutritive factors. Stable to heat, it can be used in cooking, baking, canning or freezing processes without loss of sweetness, leaves no bitter or metallic aftertaste in ordinary use. When sugar is contraindicated, recommend IMPROVED SUCARYL. No restriction on daily intake. Supplied as IMPROVED SUCARYL Sodium Tablets, in bottles of 100 and 1000; and SUCARYL Sweetening Solution, either sodium or calcium form, in 4-fluidounce bottles, at pharmacies everywhere.

*FREE BOOKLET* of SUCARYL-sweetened recipes available. Write for a supply, stating the number you need, to Abbott Laboratories Limited, Montreal.

Abbott

IMPROVED
**Sucaryl**
(CYCLAMATE, ABBOTT)
NON-CALORIC SWEETENER FOR SUGAR-RESTRICTED DIETS

# THE CANADIAN NURSE

## *L'Infirmière Canadienne*

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 52 NUMBER 8

MONTREAL, AUGUST, 1956


# Tomorrow's Pattern

## *Presidential Address*

TWO YEARS HAVE ELAPSED since this gavel, presented by the Association of Nurses of Bermuda was placed in my hand. On that occasion the wish was expressed that the development of our program would be such as to keep pace with the changing needs of society. The following lines were quoted:

This is the present the past built
Thought by thought, stone by stone.
We may pick the past apart
But we may not change it.

In harmony with this theme I would recall a few "thoughts of the past" which have become the foundation stones of our present — then proceed to follow the theme as suggested in the final paragraph of the quotation:

Ahead is the future the present will build.
Each thought that is thought today,
Each stone that is laid today,
Whatever the past has taught us,
Whatever the present discloses,
All these combine to form tomorrow's pattern.

While our professional history covers 56 years, these thoughts of the past will be confined to the preceding six.

The first "thought' takes us to March 19, 1955 when we learned of the peaceful passing of a beloved friend and past president of this Association, Miss Marion Lindeburgh. No finer tribute could be paid than that contained in the citation read at the time the University of British Columbia conferred on her the degree of Doctor of Science.

She has brought selfless devotion, in-

*(Ashley & Crippen - Toronto)*

GLADYS J. SHARP

finite persistence and rare distinction of mind and character to her lifetime task of advancing the art and science of nursing. The Senate of this University pays tribute to her unconquerable spirit, her prominence in this field and gladly acknowledges the debt which contemporary nursing education owes her.

Let us reflect on the steps by which contemporary nursing education is attempting to discharge its debt to one of its most inspiring leaders.

**Act I:** Time — June, 1950.

**Scene:** The campus of the University of British Columbia — in view of the snow-capped peaks of the coastal range.

Here by unanimous agreement it was decided "to take a good look at ourselves." With Miss Florence Emory as chairman, a committee was formed and by its terms of reference directed to re-examine, study, consider and survey the structure and services of our Association. To be explicit, instructions for committee action were:

1. To re-examine the purposes of a national professional organization and the functions necessary to achieve these purposes.
2. To study the interrelationships of the national and the provincial associations.
3. To consider the relation of the purposes and functions of the Canadian Nurses' Association to the nurse and society including the relationship to other organizations working in the field of health and welfare.
4. To survey the existing machinery and personnel with a view to a more adequate fulfillment of these purposes, functions and relationships.

January, 1951 saw the study launched and January, 1952 marked its completion under the directorship of Dr. Pauline Jewett.

**Act II:** Time — June 1952.

**Scene:** The old-world French atmosphere of the Chateau Frontenac in Quebec City.

The report of the Structure Study Committee was presented to the members. While many voting delegates were ready to support the proposed recommendations and while there was general agreement as to the principles involved, there were many indications that action should be delayed. We supported in effect the wisdom of Dr. Brock Chisholm's philosophy that it is not profitable to be defeated in trying to bring about *at once* changes that will take — and we paraphrase — a biennium to accomplish.

**Act III:** Time — June, 1954.

**Scene:** The majestic beauty of the Rocky Mountains viewed from the Banff Springs Hotel.

So thoroughly was the report of the Structure Study Committee considered by chapters, special groups, districts and provincial associations in the intervening 24 months and so clearly had the Committee on Constitution and Bylaws portrayed the change in our organizational structure, that the proposed bylaws in the final report of the Structure Study Committee were accepted with but one alteration. By this open-minded approach on the part of all members, the association marched forward another milestone towards professional maturity.

**Act IV:** Time — June, 1956.

**Scene:** Once again the environs of higher education — the beautiful campus of the University of Manitoba.

The business before us consists of receiving, reviewing, rejecting or honoring "accounts rendered" by those in whom you vested the responsibilty for conducting the affairs of this Association during the past biennium. In common with other professional associations the Canadian Nurses' Association has two major objectives: To promote the best interests of the members of the profession and to promote the best interests of the public generally. In addition the Canadian Nurses' Association has a third important objective: To promote the best interests of the International Nurses' Association.

Prerequisities to the attainment of any objective are sound planning and coordinated action. Our organization is too large, our distances too great and our meetings too brief to do more than *plan* for the work to be done, *outline* general policies for doing it and *make final decisions.* The work itself must be delegated to committees and in certain instances to subcommittees. Committees then are the working units or machinery of any organization. In terms of the new bylaws, the committee structure of our Association was extensively revised.

Consequently this past biennium saw the principle of horizontal structure replace that of vertical. In other words, instead of concerning itself with matters affecting a particular group of nurses, each committee is now concerned with all nurses on a given subject. Thereby stress is placed upon those things which unite rather than upon those which divide.

A glance at the program indicates how the five standing committees — Constitution and Bylaws, Finance, Nursing Education, Nursing Service, Publicity and Public Relations — propose to report their respective activities. In addition the chairman of each will reveal whether or not the new structure has facilitated committee functions actively during the biennium. While our organization delegated a share of its authority to each committee it has not at any time relinquished control over the matters referred. Only by your approval of these reports and recommendations is committee action adopted as the decision of the Association as a whole.

According to our bylaws,

> The President shall preside at all general and special meetings of the Executive Committee. She shall be, ex-officio, a member of all committees excepting the Nominating Committee. She shall perform all acts and deeds pertaining to her office and shall exercise a general control and supervision over the affairs of the Association.

I assure you that the foregoing responsibilities have been discharged to the best of my ability. Several instances combined to make my term of office a rewarding experience.

When the Association approved of new machinery it directed that it should be set up in new quarters. One of the first duties of the head of the household was house-hunting — an interesting experience indeed. With a leaning toward traditional architecture, we learned with regret that the commodious quarters of a lovely house surrounded by a garden and well-kept lawns, was withdrawn from the market just as the pen was poised above the dotted line. However, when the pen descended, it was to approve a lease on highly suitable quarters where freedom from snow-shovelling and grass-mowing may compensate for contemporary architecture. True to form, the head of the household had no share in the task of sorting, packing, moving, unpacking and settling in Ottawa. On our arrival in December 1954, we became the 125th national organization to be at home in the Capitol city.

In assessing the advantages of the new location in terms of our objectives, we would mention the increased facility of communication with such national organizations as the Canadian Association of Social Workers, Canadian Welfare Council, Canadian Tuberculosis Association and the Victorian Order of Nurses for Canada. Such departments of the Federal Government as that of National Health and Welfare, Immigration, Labor and the Dominion Bureau of Statistics are also within easy access. On many occasions National Office has received requests for information from certain embassies, members of parliament and the editorial staff of the parliamentary press gallery. The Canadian Press has had a representative visit National Office and has indicated that its services are available on request.

The Biennial Meeting of the Board of Directors of the International Council of Nurses in Istanbul, Turkey, August 1955 provided an opportunity for the President and General Secretary to carry national thinking to the international level. Our association has representation on the Council of the Florence Nightingale International Foundation and on six of the standing committees of the International Council of Nurses. The President's account of the Board of Directors' meeting appeared in the January issue of *The Canadian Nurse*.

Of international importance is the recent announcement that a conference on "How to Plan Nursing Studies" is scheduled for November of this year in Sevres, France. The stated purpose of the conference is "to promote research, to find the best methods for research, and to give leadership to research." Miss Margaret Arnstein, Chief of the Division of Nursing Resources in the U.S. Public Health Service will serve as conference leader. Our association indicated a desire to participate and in the near future will select its representative.

In February, 1956, the Deputy Minister of National Health and Welfare invited the President and General Secretary of the Canadian Nurses' Association to meet the officials of that Department to review the proposed provisions regarding health insurance. This provided an opportunity for an informal and informative discussion as to what we as citizens and nurses may expect if and when such a program becomes effective.

In March, 1956 the President, the General Secretary and Miss Dorothy Percy constituted a delegation which presented a brief on behalf of the Canadian Nurses' Association to the Royal Commission on the Economic Future of Canada. Our submission outlined basic needs, present and future, and emphasized financial assistance for nursing education and research.

April 1956 saw representatives of the Canadian Medical, Canadian Hospital and Canadian Nurses' Associations conferring on topics of mutual interest. It permitted a sharing of viewpoints helpful to all.

Last month your President was invited to attend the 40th annual meeting of the American Nurses' Association. In addition to carrying greetings to that large and representative group — some 10,000 of whose members filled the arena on the opening night — your President considered it a privilege to be permitted to "sit in" on several stimulating sessions where problems akin to ours, although affecting many more individuals were either resolved or referred for subsequent study. The convention atmosphere illustrated the wisdom of Florence Nightingale's statement that professions like nations can only flourish through an individual sense of corporate responsibility. The President has participated also in meetings of the Canadian Hospital Council, the Victorian Order of Nurses for Canada, the National Council of Women of Canada, the Ontario Hospital Association and the Registered Nurses' Association of Ontario.

We recognize that the progress of our association has to a great extent been made possible by the work of our headquarters staff. Their contribution which we acknowledge with sincere appreciation has been of a high order both individually and collectively. In closing I wish to express my appreciation and that of the Executive Committee for the cooperation of all members of the Canadian Nurses' Association in carrying on our work through the past biennium and to thank you for the privilege of serving as your representative. If tomorrow's pattern is to reflect our theme, nursing progress demands constant challenge, bold thinking, critical study, pointed discussion and trial in the practice of new ideas.

GLADYS J. SHARPE,
*President,*
*Canadian Nurses' Association*

---

In general, halitosis should be considered as a symptom and not as a disease. The most frequent cause is related to the teeth. Faulty oral hygiene permits food debris to collect between and about the teeth and favors decomposition by oral bacteria. Food particles stagnate between the teeth and at the gum margins unless they are eliminated by brushing and the use of dental floss after each meal. Meat fibres can become foul within a matter of hours when not removed. The decay of decomposing food particles produces a distinctly unpleasant odor, as do unclean and improperly kept dentures. Cavities in the teeth should be filled and tartar removed periodically. When pockets of pus form along the gum margins, considerable destruction of tissue and coexistent halitosis ensue unless this condition is treated. Pyorrhea is a common cause of bad breath; here, the gums become inflamed, and small pus pockets surrounding infected teeth cause the latter to loosen.

To complicate matters, halitosis has a number of other causes. For one, bad breath is traceable to disorders of the nose, the sinuses and the tonsils. Stagnant accumulation of infected material in these regions is likely to produce a disagreeable odor. Disorders of the lungs also lead to halitosis, and this is equally true of chronic disturbances of the stomach, intestines and the liver. In such instances, it is believed the foul gases produced in the intestinal tract are absorbed into the blood, excreted into the air in the lungs, and later exhaled. Excessive smoking is still another offender.

— N. D. FABRICANT, M.D.

# A Summary of Clinical Laboratory Procedures

E. M. Watson, M.D., F.R.C.P. (C)

Probably everyone associated with the activities of a large, modern, general hospital must be impressed, if not confused, by the well-nigh innumerable tests that are performed on the patients. In this connection, the interest of the nursing staff in laboratory investigations should not be limited to mere formalities, such as the filling out of requisition forms, directing the technician to the proper patient and the collection and labelling of specimens. While these functions constitute important responsibilities of the nurse in relation to the proper conduct of laboratory tests, doubtless she will exert a more intelligent interest in her duties and have a better understanding of the patient if she possesses some knowledge of the procedures that are carried out. With a view to supplying relevant information in a condensed form, the following tables are presented.

## Tests Identified with Proper Names

Frequently laboratory tests are ordered by using only a man's name, even although other terms might apply equally well. Technical and analytical procedures often are known best by the names of the men who discovered them or were associated with their development and popularization. Below are those most commonly encountered.

*Addis count* — a quantitative estimation of the cells and casts in urine sediment.

*Ascheim-Zondek* — a test for pregnancy.

*Bence-Jones protein* — a peculiar type of protein found in the urine of patients with myeloma and certain other diseases.

*Bodansky unit* — the amount of phosphatase required to liberate 1 mg. of phosphorus.

*Coombs* — a test used in pregnant women and newborn infants relative to Rh sensitization; also in hemolytic anemias.

*Exton-Rose* — a sugar tolerance test for detection of diabetes.

*Fantus* — an estimation of chlorides in urine.

*Fishberg* (concentration or dilution test) — kidney function tests to evaluate the kidney's ability to concentrate or dilute urine.

*Frei* — a skin test for a venereal disease, lymphopathia venereum.

*Freidman* — a test for pregnancy.

*Hanger* — cephalin-cholesterol flocculation test.

*Hinton* — a test for syphilis.

*Kahn* — a test for syphilis.

*Kepler* or *Kepler-Power* — procedures for the diagnosis of Addison's disease.

*King-Armstrong unit* — the amount of phosphatase required to liberate 1 mg. of phenol.

*Kline* — a test for syphilis.

*Kolmer* — a test for syphilis.

*Lange's Colloidal Gold* — performed on the C.S.F. as an aid in diagnosis.

*Lee* and *White* — a test of blood coagulation time, using venous blood.

*Maclagan* — thymol turbidity and flocculation.

*Mosenthal* — a two-hour specific gravity volume test for evaluating kidney function.

*Papanicolaou* — a technique for the identification of cancer cells.

*Quick* — a technique for estimating prothrombin; (refers to a man's name not speed of performance).

*Paul-Bunnell* — a serological test for infectious mononucleosis.

*Rowntree* — P.S.P. test of kidney function.

*Rumpel-Leede* — not a laboratory test but a method for determining capillary fragility by inflating a blood pressure cuff and counting the petechiae in a circumscribed area of skin.

*Schilling* — a special differential W.B.C. to determine the ratio of young to mature neutrophiles.

*Somogyi* — often referred to in relation to serum amylase.

*Sulkowitch* — a test for calcium in urine.

*Van den Bergh* — a test of liver function.

*Wallace* and *Diamond* — a method for estimating urobilinogen in urine.

*Wassermann* — the original test for syphilis.

*Watson* — urobilinogen in urine and feces.

*Westergren* — a technique for performing the sedimentation test.

*Widal* — a serological test for typhoid and paratyphoid fevers.

*Wintrobe* — a special tube for determining red cell volume and sedimentation rate.

*Wohlgemuth* — referred to in relation to serum amylase.

*Ziehl-Neelsen* — a stain for acid fast bacteria, usually for tubercle bacilli.

## A Glossary of Abbreviations and Symbols

This is the era of the abbreviated form of expression. Often one is bewildered by the numerous combinations of letters referring to certain organizations or establishments. A growing list of abbreviations has entered into medical parlance. Abbreviations are frequently employed when requesting or referring to many laboratory procedures. Below are the most commonly used abbreviations and symbols with brief descriptions of their meanings.

**Ac.** — acid.

**A:G ratio** — a figure obtained by dividing the value for the plasma or serum albumin by that for the globulin.

**Alk.** — alkaline.

**A.-Z. test** — Ascheim-Zondek, a test for pregnancy.

**A.F.B.** — acid-fast bacillus; a characteristic staining quality of the tubercle bacillus.

**B.M.R.** — basal metabolic rate.

**B.S.** — blood sugar.

**B.S.P.** — bromsulphalein; a liver function test.

**B.T.** — bleeding time.

**B.U.N.** — blood urea nitrogen.

**C.B.C.** — complete blood count; usually implying hb., r.b.c., w.b.c., diff. and appearance of the red cells.

**cc.** — cubic centimeter.

**C.C.F.** — cephalin cholesterol flocculation test.

**$CO_2$ C.P.** — carbon dioxide combining power of blood plasma.

**Creat.** — creatinine; a constituent of blood and urine.

**C.S.F.** — cerebrospinal fluid.

**C.V.I.** — cell volume index.

**Diff.** — differential; used with reference to a smear of blood or C.S.F. to determine the types and percentages of the white blood cells present.

**ECG** or **EKG** — electrocardiogram.

**Eos.** — eosinophile; a variety of white blood cell.

**E.S.R.** — erythrocyte sedimentation rate; sedimentation test.

**F.B.S.** — fasting blood sugar.

**F.S.H.** — follicle stimulating hormone.

**g.** or **gm.** — gram.

**$\mu$g** — microgram.

**G.A.** — gastric analysis.

**G.C.** — gonococcus; the causative organism of gonorrhea.

*Greek letters:*

$\alpha$ — alpha

$\beta$ — beta

$\gamma$ — gamma

$\mu$ — mu

**Hb.** or **Hgb.** — hemoglobin.

**H. & E.** — hematoxylin and eosin stain; used in the preparation of pathological material for examination.

**Ht.** — hematocrit.

**I.I.** — icteric index; a chemical test on serum to reveal the degree of jaundice.

**I.M.** — infectious mononucleosis.

**O.T.** — old tuberculin; a skin test for tuberculosis.

**17-KS.** — 17-ketosteroids; a hormone assay on urine to study adrenal or other glandular disorders.

**L.** or **l.** — liter.

**L.E.** — lupus erythematosis.

**Lymph.** — lymphocyte; a variety of white blood cell.

**ml.** — milliliter; 1/1000 part of a liter; approximately the same as cc. but a more exact expression of measurement.

**M.C.H.** — mean corpuscular hemoglobin.

**M.C.H.C.** — mean corpuscular hemoglobin concentration.

**M.C.V.** — mean corpuscular volume.

**meq.** — milliequivalent.

**meq./l** — milliequivalents per liter.

**Mg.** or **mgm.** — milligram.

**Myelo.** — myelocyte; the forerunner of the granular leukocytes.

**Neut.** — neutrophiles; a variety of white blood cell.

**N.P.N.** — non-protein nitrogen.

**Pap. Stain** — Papanicolaou stain for cancer cells.

**P.B.I.** — protein-bound iodine; an estimation used in connection with thyroid function.

**pH.** — a symbol used to express acidity and alkalinity.

**Pl. Ct.** — blood platelet count.

**P.S.P.** — phenolsulphonphthalein test; a method for assessing kidney function.

**R.B.C.** — red blood cell count.

**Rh** — Rhesus; the Rh factor.

**Retic.** — reticulocyte.

**S.I.** — saturation index; a test used in hematology.

**T.B.** — tuberculosis.

**T.P.I.** — Treponema pallidum immobilization; a specific test of serum for syphilis.

**U.A.** — urine analysis.

**Ur. Ac.** — uric acid.

**W.B.C.** — white blood cell count.

**W.R.** — Wasserman reaction.

## Hematological Values

| *Determination* | *Normal Values* | *Clinical Significance* |
|---|---|---|
| Hemoglobin | Adult males—<br>90 to 115% (av. 100)<br>14 to 18 gm. (av. 16)<br>Adult females—<br>80 to 100% (av. 90)<br>12 to 16 gm. (av. 14)<br>Infants—(1 day to 2 wk.)<br>100 to 160% (av. 120)<br>15 to 25 gm. (av. 20)<br>Children—(6 mo. to 2 yr.)<br>65 to 100% (av. 80)<br>9 to 15 gm. (av. 12) | Decreased in the anemias. Increased in polycythemia and hemoconcentration (shock, burns, heart failure).<br><br>Decreased in hemolytic disease of the newborn (erythroblastosis). |
| Red blood cells (erythrocytes) | Adult males—5 to 6 millions per cu. mm.<br>Adult females—4.5 to 5.5 millions per cu. mm.<br>Infants—about 7 millions per cu. mm. at birth; gradual drop to adult figure at 15th year. | Decreased in the anemias.<br>Increased in polycythemia and hemoconcentration (shock, burns, heart failure). |
| Color index | 0.85 to 1.0 | Low in iron-deficiency and hemorrhagic anemias; high in pernicious anemia. |
| Red cell volume (hematocrit) (volume of packed red cells) | Males 42-50%<br>Females 40-48% | Reduced in the anemias.<br>Increased in polycythemia. |
| Cell volume index | 0.85 to 1.15 | Decreased in iron-deficiency anemia. Increased in pernicious anemia. |
| White blood cells (leukocytes) | 5,000 to 10,000 per cu. mm. | Increased in many infectious and inflammatory conditions and in the leukemias.<br>Decreased in agranulocytosis, aplastic anemia and aleukemic leukemia. |
| Differential white cell count | Neutrophiles 55-70%<br>Mature forms 52-65%<br>Young forms 3-5%<br>Lymphocytes 20-30%<br>(up to 50% in children)<br>Monocytes 3-10%<br>Eosinophiles 2-4%<br>Basophiles 0.5-1%<br>Myelocytes 0<br>Myeloblasts 0 | Increased in many infections. Decreased in agranulocytosis.<br><br>Increased in lymphatic leukemia, infectious mononucleosis and whooping cough.<br><br>Increased in many allergic conditions. Present in myelogeneous leukemia. |
| Eosinophiles (total) | 100-400 per cu. mm. | Often high in allergies and Hodgkin's disease; diminished after ACTH with normally functioning adrenals. |
| Fibrinogen | 200-400 mg.%<br>Fibrindex 10-60 seconds | Decreased or prolonged in severe liver disease and in a complication of pregnancy. |
| Mean corpuscular hemoglobin | 27-32 micromicrograms | Increased in macrocytic anemias (e.g. pernicious anemia); low in hypochromic anemias. |
| Mean corpuscular volume | 80-94 cu. microns | Same as above. |

| *Determination* | *Normal Values* | *Clinical Significance* |
|---|---|---|
| Mean corpuscular hemoglobin concentration | 33-38% | Increased in macrocytic anemias (e.g. pernicious anemia); low in hypochromic anemia. |
| Peroxidase reaction | Lymphocytes have no granules; monocytes have a few and cells originating in the bone marrow (e.g. neutrophiles and myelocytes) have many. | Useful in distinguishing acute lymphatic leukemia from acute myelogenous leukemia. |
| Reticulocytes | 0.5 to 1.5% of all red blood cells. | Increased in p.a. following liver therapy (temporary) and in hemolytic anemia (persistent). |
| Red cell fragility (blood fragility test) | Hemolysis begins at 0.44 to 0.42% NaCl.<br>Hemolysis complete at 0.34 to 0.30% NaCl. | Fragility increased in hemolytic jaundice; decreased in obstructive jaundice. |
| Saturation index | 0.9 to 1.1 | Increased in macrocytic anemias (e.g. p.a.); low in hypochromic anemias. |
| Sedimentation rate (Westergren method) | Men—1 to 10 mm. in 1 hour.<br>Women—1 to 15 mm. in 1 hour. | Increased in infections and inflammatory conditions and in many organic diseases. |
| Blood platelets (thrombocytes) | 200,000 to 400,000 per cu. mm. | Low in thrombocytopenic purpura and acute leukemia. |
| Bleeding time | 1 to 3 minutes. | Prolonged when platelets reduced (as in thrombocytopenic purpura). |
| Coagulation (clotting) time | 5 to 10 minutes (test tube method).<br>1 to 5 minutes (capillary tube method). | Prolonged in hemophilia; also after heparin administration. |
| Clot retraction test | Complete and perfect in 24 hours. | Delayed and imperfect in thrombocytopenic purpura (deficient platelets). |
| Prothrombin time | Prothrombin clotting time—15 to 30 seconds.<br>Prothrombin—85 to 100%. | Prothrombin clotting time increased and percentage decreased after dicumarol administration and in obstructive jaundice. |
| Blood group (types) | O 45% of individuals<br>A 40% of individuals<br>B 10% of individuals<br>AB 5% of individuals<br>Rh positive 85% of individuals<br>Rh negative 15% of individuals | Essential to determine before transfusions.<br><br>Important in pregnancy and certain conditions involving the newborn; also in persons receiving repeated transfusions. |

## Blood, Plasma or Serum Chemistry Values

| *Determination* | *Normal Values* | *Blood Specimen Required* | *Minimal quantity of blood required (cc. or ml.)* | *Note* | *Clinical Significance* |
|---|---|---|---|---|---|
| Amino Acid N | 5-8 mg.% | oxalated | 10 | | Increased in liver disease and eclampsia. |

| *Determination* | *Normal Values* | *Blood Specimen Required* | *Minimal quantity of blood required (cc. or ml.)* | *Note* | *Clinical Significance* |
|---|---|---|---|---|---|
| Amylase | 12-17 Wohlgemuth units; 80-150 Somogyi units. | clotted | 10 | Do not draw during or just following intravenous glucose or after administration of morphine. | Increased in acute pancreatitis. |
| Ascorbic Acid (vitamin C) | 0.6-1.2 mg. % | oxalated | 5 | Blood must be placed in a tube surrounded by ice and sent immediately to the laboratory. | Low in scurvy. |
| Bicarbonate | 26-30 meq./l. | Heparinized or oxalated | 5 | Draw in special syringe without stasis from tourniquet. | Reduced in acidosis. Increased in alkalosis. |
| Bilirubin (van den Bergh test) | 0.1-0.5 mg.% | Clotted | 10 | | Increased in jaundice; latent jaundice 0.5 to 2.0; clinical jaundice above 2.0. |
| Bromide | 0 - 1.5 mg.% | Clotted or oxalated | 10 | | Important in the diagnosis of bromide poisoning. |
| Calcium | 9-11 mg.% 4.5 - 5.7 meq./l. | Clotted | 10 | Syringe and tube must be specially prepared to avoid error from calcium in tap water. | Low in hypoparathyroidism and sprue (tetany); increased in hyperparathyroidism and some bone conditions. |
| $CO_2$ combining power | 55 - 75 vol.% | Heparinized or oxalated | 5 | | See bicarbonate above. |
| Chlorides | 96-105 meq./l. | Clotted | 5 | | Reduced by vomiting, starvation and after gastrointestinal surgery. |
| Cholesterol Total<br>Esters<br>Free | 140-250 mg.%<br>80-200 mg.%<br>50-60 mg.% | Clotted or oxalated | 10 | Total cholesterol and cholesterol esters done on same sample. | Increased in hypothyroidism, diabetes and nephrosis. |
| Creatinine | 1-2 mg.% | Oxalated | 5 | | Increased in severe nephritis. |
| Glucose (fasting) | 80-120 mg.% | Oxalated | 5 | Up to 160 after meals. | Increased in diabetes mellitus: decreased in hyperinsulinism. |
| Iodine (protein-bound) | 5-10 micrograms % | Clotted | 12 | Strictly avoid any contact with iodine. | Increased in hyperthyroidism. |
| Lipids (total) | 385 - 675 mg.% | Oxalated | 10 | | Altered in various diseases. |
| Lipase | 0-2 units | Clotted | 10 | | Increased in acute pancreatitis. |

| *Determination* | *Normal Values* | *Blood Specimen Required* | *Minimal quantity of blood required (cc. or ml.)* | *Note* | *Clinical Significance* |
|---|---|---|---|---|---|
| Magnesium | 1.8 - 3.6 mg.% | Clotted | 10 | | Changed in various unrelated diseases. |
| Non-protein Nitrogen | 25-35 mg.% | Oxalated | 10 | | Increased in nephritis, urinary and intestinal obstruction; decreased in pregnancy. |
| pH (reaction) | 7.35-7.45 | Heparinized | 5 | Drawn in a special syringe without stasis. | Diminished in uncompensated acidosis; raised in uncompensated alkalosis. |
| Phosphatase acid | 1.5 Bodansky units<br>3.0 King-Armstrong units. | Clotted | 5 | | Increased in cases of cancer of the prostate with metastases to bone. |
| Phosphatase alkaline. | Bodansky Units<br>Adults—1.5-4.<br>Children—5-12.<br>King-Armstrong units<br>Adults 5-15<br>Children 10-20 | Clotted | 5 | | Increased in certain disorders of bone and in biliary obstruction. |
| Phosphorus (inorganic) | Adults—2-4 mg.%<br>Children—4-6 mg.% | Clotted | 5 | | Increased in severe nephritis and some cases of rickets; decreased in conditions in which serum calcium is elevated. |
| Phospholipids | 110-250 mg.% | Oxalated | 5 | | Important in relation to disorders involving fat metabolism. |
| Potassium | 3.5 - 5.0 meq./l. | Clotted | 10 | Serum must be separated from the cells within 1 hour. | Increased in renal failure and severe Addison's disease; decreased in diabetic coma. |
| Protein<br>Total<br>Albumin<br>Globulin<br>A:G ratio | <br>6.0-8.0 g. per 100 cc.<br>4.5-5.0 g. per 100 cc.<br>1.5-3.0 g. per 100 cc.<br>1.5 to 2.5:1 | Oxalated or clotted | 10 | | Decreased as a result of marked and prolonged albuminuria (nephrosis), liver disease and starvation, causing edema; increased in certain conditions associated with hyperproteinemia. |
| Sodium | 136 - 145 meq./l. | Clotted | 5 | | Diminished by vomiting, gastrointestinal disorders, tube drainage (postoperative), diabetic coma, Addison's disease; increased after injudicious use of NaCl solutions in patients with impaired kidney function. |
| Sugar (glucose) | 80-120 mg.% | Oxalated | 5 | See glucose above | |

| *Determination* | *Normal Values* | *Blood Specimen Required* | *Minimal quantity of blood required (cc. or ml.)* | *Note* | *Clinical Significance* |
|---|---|---|---|---|---|
| Urea | 25-40 mg.% | Oxalated | 8 | | Increased in nephritis; decreased in pregnancy. |
| Urea Nitrogen | 10-15 mg.% | Oxalated | 8 | | Same as urea. |
| Uric acid | 3-5.5 mg.% | Clotted | 10 | | Increased in acute gout, in nephritis and leukemia. |
| Vitamin A | 18-60 μg. | Clotted or oxalated | 10 | | Subnormal due to deficient diet. |

## Kidney Function Tests

| *Tests* | *Principles* | *Normal Values* |
|---|---|---|
| Concentration test (Fishberg) | Based upon the specific gravity of 3 specimens of urine voided at hourly intervals in the a.m. after fluid restriction. | Specific gravity of at least one specimen should be at 1.025 or higher. |
| Dilution test (Fishberg) | Primarily a measure of the blood supply of the kidneys. | First hour specimen about 400 cc. with specific gravity 1.001 to 1.003. Thereafter, less volume and higher sp. gr. with about 100 cc. at 1.012 to 1.016 at the 4th hour. |
| Mosenthal (2-hour specific gravity-volume test) | Based chiefly upon variations in specific gravity of 2-hour specimens during the day and volume and sp. gr. of night urine. | The difference between the highest and lowest sp. gr. not less than 9 points. The highest sp. gr. for the 2-hr. day specimens will be 1.018 or more. The night urine is 250 to 400 cc. with a sp. gr. of 1.018 or above. |
| Phenolsulphonphthalein test | The dye is eliminated by glomerular filtration and tubular excretion. | Both kidneys: 40 to 60% in 1st hour; 20 to 25% in 2nd hour (total 60 to 85%). Fractional method — 25% or more in 1st 15 minutes. Kidneys separately: first appears in 3 to 5 minutes after intravenous injection. |
| Urea clearance | The excretory function of the kidney with special reference to urea is measured by a comparison of the concentration of this substance in the blood with that in the urine. | The average normal adult excretes the amount of urea contained in 60 to 95 cc. of blood per minute (average 75 cc.). |
| Urea Concentration Test | A test of the ability of the kidney to concentrate the constituents of the urine with particular reference to urea. | Urea attains a concentration of 2% or more in at least one specimen, providing the volume of urine does not exceed 120 cc. in the 1st hour or 100 cc. in the 2nd and 3rd hours. |

## Urine Values

| *Determination* | *Normal Value* | *Specimen Required* | *Note* | *Clinical Significance* |
|---|---|---|---|---|
| Amino acid Nitrogen | 0.5 - 1.0 g. | 24 hr. | | Increased in some liver and metabolic diseases. |

| *Determination* | *Normal Values* | *Specimen Required* | *Note* | *Clinical Significance* |
|---|---|---|---|---|
| Calcium | Under 150 mg. | 24 hr. | Patient must be on special diet. | Increased in hyperparathyroidism. |
| Chlorides | 5 g. per liter | random | | Important in controlling saline administration. |
| Creatine | Under 100 mg. | 24 hr. | Preserve with toluol. | Used in the study of muscle diseases. |
| Creatinine | Males 1.5 - 2 g.<br>Females 0.8 - 1.5 g. | 24 hr. | Preserve with toluol. | Normally excretion constant; altered in certain metabolic disorders. |
| Diastase | 16 - 30 units | Random | Urine must be fresh. | Greatly increased in acute pancreatitis. |
| Follicle - stimulating hormone (FSH) | Before puberty, less than 6.5 mouse units per 24 hr.; after puberty, 6.5 - 52 mouse units per 24 hr.; after menopause, 96 - 600 mouse units per 24 hr. | 24 hr. | | Important in the investigation of endocrine disturbances. |
| 17-Ketosteroids | Under 8 years 0.2 mg.<br>Adolescents 2-20 mg.<br>Males 8-20 mg.<br>Females 5-14 mg. | 24 hr. | | Important in the investigation of endocrine disturbances. |
| 11 - oxy - ketosteroids | 0.06-0.2 mg. per 24 hr., per sq.m. of body surface (adults, 0.1-0.4 mg. per 24 hr.). | 24 hr. | | Important in the investigation of endocrine disturbances. |
| Urobilinogen | Up to 1:20 dilution | Random or 24 hour | Preserve with sod. carb. under petroleum ether. | Increased in liver disease and hemolytic jaundice. |

## Liver Function Tests

| *Tests* | *Principles* | *Normal Values* | *Note* |
|---|---|---|---|
| Bromsulphalein Test | Bromsulphalein after intravenous injection is excreted almost entirely by the liver. | ¾ hr. after the intravenous injection of 5 mg. per kg. not more than 5% of the dye remains in the plasma. | Used in patients without jaundice. |
| Cephalin-cholesterol flocculation test | This test depends upon the capacity of the blood serum in cases of parenchymal liver disease to flocculate a suspension of cephalin-cholesterol emulsion. | 0 to + + in 48 hours. | Can be used in patients with jaundice. |
| Galactose Tolerance | The liver is the only organ which can convert galactose to glycogen and store it. | Normally not more than 3 gm. of galactose are excreted in the urine during a 5-hr .period following the ingestion of 40 gm. of galactose. | Same as above. |

| *Tests* | *Principles* | *Normal Values* | *Note* |
|---|---|---|---|
| Thymol flocculation | The alteration in the plasma proteins in parenchymal liver disease causes precipitation of a solution of thymol. | 0 to + in 24 hours. | Can be used in patients with jaundice. |
| Thymol turbidity | Same as above | 0 to 4 units. | More valuable in the diagnosis of acute than of chronic liver disease. |
| Hippuric Acid synthesis | Based upon the capacity of the liver to conjugate glycine and benzoic acid into hippuric acid with elimination of this substance in the urine. | In the oral test the excretion of 3.0 to 3.5 gm. in the 4-hr. urine. In the intravenous test the excretion of 0.7 gm. in the 1-hr. urine. | |
| Urobilinogen | Normally the liver re-excretes the urobilinogen absorbed from the bowel. | 1:20 dilution of the urine. | |

## Investigations of Carbohydrate Metabolism

| *Tests* | *Principles* | *Normal Values* |
|---|---|---|
| Standard 1-dose 2-hour Sugar Tolerance Test | A test of the ability of the body to store and utilize ingested dextrose. | The fasting blood sugar is normal. After the ingestion of a specified amount of dextrose the blood sugar returns to normal within 2 hours. The maximum blood sugar should not exceed 180. No glycosuria. |
| Two-dose 1-hour (Exton-Rose tolerance test) | Based on the principle that the more sugar that is given to a normal person, the more is utilized. | Blood sugar level of the 60 min. sample is less than, equal to, or does not exceed the 30 min. sample by more than 10 mg.%. No glycosuria. |
| Intravenous Sugar Tolerance Test | Obviates the possibility of impaired absorption from the intestine. | Blood sugar reaches the normal fasting level within 1 to 1½ hr. |
| Insulin Sensitivity Test | A test of the activity of insulin to promote the withdrawal of glucose from the bloodstream following ¼ unit of regular insulin per kilo. body weight. | Blood sugar falls about 45 mg.% lower 1 hr. after ingestion of dextrose with insulin than with dextrose alone. |

## Tests of the Cerebrospinal Fluid

| *Tests* | *Normal Values* | *Clinical Significance* |
|---|---|---|
| Color and Appearance | Clear and colorless (like water). May be slightly blood tinged from needle trauma. No clot. | Cloudy, turbid or grossly purulent in meningitis. Bloody or yellow when hemorrhage involves central nervous system. |
| Pressure | Adult 100 to 200 mm. water (patient lying down).<br>200 to 300 mm. water (patient sitting).<br>Child 50 to 100 mm. water (patient lying down). | Increased in meningitis, edema of the brain, hemorrhage, neurosyphilis. Decreased in shock, dehydration and spinal canal block. |

| *Tests* | *Normal Values* | *Clinical Significance* |
|---|---|---|
| Cell Count | 1 to 5 per cu. mm. (lymphocytes). | Increased in the various types of meningitis, poliomyelitis, neurosyphilis and encephalitis. Pus cells predominate in the acute bacterial processes. Lymphocytes are found in tuberculous meningitis, poliomyelitis, and neurosyphilis. |
| Colloidal Gold Test | 0000000000 | 5554321000 Paretic type curve.<br>0244310000 Luetic or tabetic type curve.<br>0000245520 Meningitic type curve. |
| Protein | 15 to 45 mg. per 100 cc. | Increased in those conditions with an increased cell count (see above). Increased also in spinal cord tumor, caries of the spine and in infectious polyneuritis. |
| Sugar | 45 to 70 mg. per 100 cc. | Increased in diabetes, epidemic encephalitis, uremia and sometimes in brain tumor. Decreased in acute meningitis, tuberculous meningitis and insulin shock. Normal values generally found in neurosyphilis. |
| Chlorides | Adult 720 to 750 mg. per 100 cc.<br>Child 625 to 760 mg. per 100 cc. | Definitely low in tuberculous meningitis; high values may be found in uremia. |

## Some Miscellaneous Procedures

| *Tests* | *Normal Values* | *Clinical Significance* |
|---|---|---|
| Gastric analysis<br>Free HCl<br><br>Total Acidity | <br>Fasting — 5 to 20 degrees.<br>After test meal (without histamine) — 25 to 50 degrees.<br>Fasting — 15 to 45 degrees.<br>After test meal (without histamine) — 40 to 65 degrees. | High when gastric or duodenal ulcer present. Low or absent with gastric carcinoma. Always absent in pernicious anemia after histamine. |
| Urobilinogen in feces | Normally present | Increased in hemolytic jaundice. Decreased or absent in obstructive jaundice. |
| Congo Red Test | Less than 40% of the congo red disappears 1 hr. after its intravenous injection. | This is a test for amyloidosis and when this is present more than the normal amount of the dye disappears from the blood. |
| Paul-Bunnell Test | Agglutination of sheep corpuscles in dilutions of serum up to 1:16. | This is a test for infectious mononucleosis in which condition agglutination occurs in high dilutions. |
| Basal Metabolic Rate (B.M.R.) | +15% to −10% | High in hyperthyroidism (toxic goitre, thyrotoxicosis) and leukemia. Low in hypothyroidism (myxedema, cretinism). |
| Ascheim-Zondek and Friedman Tests | These tests are useful in differentiating cessation of menses due to disease condition and pregnancy; also in differentiating an enlargement of the uterus (fibroid) and pregnancy. Hydatiform mole and chorion-epithelioma give positive results. As a test for pregnancy it is about 98% accurate. | |

The man who used to think nothing of working twelve hours a day now has a grandson who doesn't think much of it either.

# What it Means to be Old

ELISABETH C. PHILLIPS, B.S., M.A.

MARY HEATON VORCE was a woman of 64 when she asked for and got a job as war correspondent during World War II. She was well over 70 when she came back "home." One of her prize remarks at that time was, "Young folk may as well realize that they had better stop treating elderly people like me as if we were a nine-day wonder." Although a 70-year-old war correspondent may be a nine-day wonder, surely an elderly person no longer is, for old people make up a large part of our society today and their numbers are growing rapidly — more rapidly than any other portion of our population. Moreover, the old person of today is not the Whistler's Mother type for they seldom sit placidly and reflectively in a rocking chair.

This increased age of the population has come about pretty much in our own life time. For instance, when I was born *less than four per cent* of the population in the United States were people who had lived 65 years or more. Fifty years later *eight per cent* of the total was made up of our "older citizens." When I am 65 years old, I will be one of the *fifteen* per cent who will be that old or older. (The figures for Canada run about half of one per cent less than for the United States.)

Or let us look at it this way. When I was born my grandmother, then 68, was one of three million people who were over 65. When I was 50 my father, then 80, was one of 12 million over 65. When I am 65, I will be one of 18 million who will be in that so-called "old age" group. In other words, 15 years from now, one out of every 10 of the population in my country will be over 65. In Canada today it is one out of every 12 and in Nova Scotia, it is one out of every 14. I, of course, will be among that rapidly growing group and so will be many of you. The fate of the rest of you will be even worse, for in the next 25 or 30 years, it is predicted that one out of every eight or nine will be over 65. Perhaps we had better resolve here and now, for a selfish reason if for no better, to do all that we can to help the younger generations learn good ways of caring for those who are older.

Tremendous public health advances are, of course, the reason for this increase in our older population. We can scarcely imagine how much the situation would be speeded up if a cure for cancer or a cure for heart disease, were found.

Two things are sure. People must learn to "grow old gracefully" and, second, their younger relatives must learn how to live with them, and let them live, far more happily than is usually the case today. I believe that we are beginning to see help on the horizon that will make it easier for us both to grow old ourselves, and, to live with those who are older than we are in a more successful manner. The day will come when even our grammar schools will keep these two needs in mind as they construct their curricula. Of course, much needs yet to be done for the surface is barely scratched.

We are concerned with the improvement of the nursing care of persons who are already advanced in years, especially those who have a long-term illness. First, we need to learn what the person who has lived through his mature years and who is entering into his old age is like, why he behaves as he does, and what his needs are — especially those needs that are outgrowths of age itself. His needs that are outgrowths of his illness are, of course, important also, but in this paper our attention is directed to his age needs alone. What then are the needs of the aged?

I expect if an older person felt free

---

Miss Phillips is Executive Director, Visiting Nurse Service of Rochester and Monroe County, New York. This is the second in the series of papers presented by Miss Phillips at the institute sponsored by the School of Nursing, Dalhousie University, Halifax.

to express himself he might say — "First, I need to be treated as an individual — as a person. Because I am old, I am not very different from you." This desire to be thought of as an individual is an outgrowth of the very same ego-drives that make two-year old Johnny say — "I won't" or three-year old Sally scream and hit her head against a wall when she sees her mother's attention fixed on the new baby. It is the same ego-drive that engulfs a 22-year-old college student and makes him keep going until he is at the top of the dean's list. It is the same ego-drive that makes every one of us determine to make our mark in the world, no matter how many difficulties we must first overcome.

This, then, is what makes the old person kick up a row when his family fails to pay attention to him. By it he is really saying, "I am a person — not just your ancestor!" A few years ago a radio program in San Francisco had as its guest a Mrs. Martini who was 81. In the broadcast she declared a "bill of rights" for herself and for all other old men and women. It read thus:

The right to be treated as a person.
The right to be treated as a grown-up.
The right to have a say about our own life.
The right to a fair chance on our own merits.
The right to a future.
The right to have fun and companions.
The right to be romantic.
The right to the help of one's family in becoming interesting to that family.
The right to professional help whenever necessary.
The right to be old.*

Other old people have worded their needs somewhat differently. Many times what they say expresses a fear, although that fear is not actually verbalized. For example, "We need good health" means, in fact, "We fear being helpless and dependent." Or they say, "We need enough money to live on." What they are actually telling us is, "We fear being dependent and penniless. We fear being on the dole." They say, "We need to be let alone," but they mean, "We fear that we will have to take orders and agree to plans made *for*, and not *with* us." Others say something similar in still another way. "We need to live our own lives." Or they say, "We need to be ourselves. I've always liked to do so-and-so. Why should I stop now that I am older?"

Sometimes younger persons reply, "Old people expect too much of us," and then they turn deaf ears on what the older person is trying to tell them. Yes, young people say, "Old people expect too much of us," but isn't it rather that we, the younger people, expect too much of those who are older?

We expect *them* to do the adjusting, to tailor-make *their* lives to fit our own, and above all, we expect them not to make us feel guilty in the process!

The slowed reactions which are associated with the aging adult may be with or without apparent significance for the individual's particular social role. He has few appointments to keep so it will make little difference that his dressing or eating time is doubled. On the other hand, this slowing down of the reactions may make him much more liable to have accidents or to be unable to adjust to the demands of everyday life. Speed and timing are essential for survival under many circumstances and the speed factor seems to be intrinsic to many types of activities. Slowness of accomplishment is an irritating factor between us and the dawdling child, but between us and the slow-motion elderly patient, it may become a real barrier to our care.

We know that a characteristic of the aging process is that the rate of accomplishing anything is slower. Slowing down, whether it be physically or mentally, is one of the best indications that we have today that decline due to the aging process is occurring.

We feel hostile and annoyed when an old person refuses to stop smoking in bed, or to take his clothes off before going to sleep or to change his lifelong food habits. What we need is to understand that these behaviors are based on reasons, that this old person is not behaving thus, as did the Baby

*A paraphrase of Dr. George Lawton's chapter from "Aging Successfully" published in its entirety, as "Bill of Rights for Old Age," in the *Journal of Gerontology*, January, 1947.

in Alice in Wonderland, merely to annoy.

I know how hard it is to accept all the behavior of older persons easily and happily. Those bits of food that are tucked away in a dresser drawer or in the bedside table, or even under the pillow, where they draw ants or flies and later on emit a most disagreeable odor; those piles of newspapers in the closet that are really a fire hazard and never will be used for any good purpose. Then there are those "tales" that are far from the truth. We hate to admit that some loved one is "lying" or that we cannot trust a patient not to pervert some incident and therefore get us into hot water.

It will be easier for us if we stop and think why this old person behaves as he does. Why does he hide the food, for instance? Can it be that he fears that he will be hungry and no food will be at hand? Can it be that he plans to eat it a little later and then honestly forgets that it has been kept? Why does he tell untruths? Is it that he didn't understand correctly in the first place, and really thinks that it was as he describes it? Or does his imagination run away with him and wishful thinking master truth, just as it does in childhood? Yes, all of these reasons are possible.

Now let us look at it in another way. Why are we so upset when an older person does something that is "childish" — when he dawdles over his meal or spills his food? If a child shows exactly the same behavior, we shrug it off. We say, "Oh, boys will be boys," or "You can't expect anything else from a child," but to the older person, we say — or at least we think — "For heaven's sakes, you should know better. I just can't take any more of that!"

The difference in our reaction lies in one very simple fact. We *expect* disobedience, unsocial or childish behavior from a child. It is what we call *"normal"* for him. But on the other hand, we don't expect this same kind of behavior from an aged person. Why don't we? It is just because we don't yet have the picture in our minds of what is "normal" behavior for an old person. We need to become more familiar with old age behavior patterns, and when we do, we will be able to accept those things that trouble us now with a minimum of hostility and a maximum of understanding. When we have done this, we will find that the normal behaviors of the old and of the young are rather similar, and that they are both based on what — to them — seem to be good reasons.

Aging is now recognized as a period of life, just as distinct as is the growth of the preschool child or the development of the adolescent. For all practical purposes, it is that period which follows maturity. Aged people have similar characteristics, just as do children in the growth period. However, just as is the case with children, there are many individual variations in the pattern. We can speak of "normal" old age, but it is as difficult for us to do so, as it is to speak of "normal" adolescence because of this individualization. The fact that we cannot pinpoint the time at which the aging process begins, adds still further to our difficulty in trying to describe the "normal."

Another thing that we must keep in mind is that old age is not all decline and loss any more than all youth is growth and development. Generalizations are always dangerous, but there are four regarding the aging process in which we can truly put our faith:

1. There are wide individual differences in the rate of aging of cells, tissues, and organs of people even if those individuals have the same heredity and the same environment.

2. There are differences in the rate and amount of aging of cells, tissues and organs within the *same* individual. "A sixty-year old man can have a forty-year old heart, an eighty-year old liver, fifty-year old kidneys, and may be trying to live a thirty-year old life." *

3. Old age does not necessarily beget a new personality. Rather it is as George Santayana has said: "People do not grow better or worse when they grow older; they remain the same, but later circumstances cause them to exhibit their character sometimes in a minor key with the soft pedal, so that they seem to us grown sweeter; and some-

* C. Ward Crampton, M.D. "What Geriatrics Means to the Medical Profession" *New York Medicine* — Vol. 3. No. 10, May, 1947.

times more harshly and disagreeably, when we think them sour and depraved." Old age acts as a "deinhibitor" and as age advances, the real characteristics of the individual are brought to the surface and exhibited.

4. Aging cannot be prevented. Regardless of all that is done by the individual or society, old age will come. But what we can do is to prevent *premature* aging.

The individual is called upon to make a series of adaptive changes throughout his life span. Old age is but the last of these adaptive changes. In old age, as in other periods of life, the ability of the individual to adapt is influenced by many things — what his relationships are and have been, what sort of adaptations he has already made and how he has made them and the way in which his life crises, such as puberty, marriage, parenthood, menopause, death of loved ones, have been met.

Normally old age is a period when an individual's inner resources decline, his external world narrows and the past seems to have more reality for him than the present. This is the pattern, but the speed with which this takes place varies with individuals. Illness is one of the factors which tend to speed up this decline. Perhaps it is because of nutritional limitations brought about by the illness, perhaps it is the strain to which the illness subjects the body and mind, or perhaps it is the fact that being ill shuts him away from the stimulation of his daily living. It may be any or all of these things. Also it may be due to the way in which he is treated while he is ill — treated as though he were a child rather than an adult by those giving him nursing care.

One of the things that it is important for us who are giving him care to remember is that in old age the future is uncertain, even frightening, while the present is full of frustrations. This is what makes it inevitable for him to think back and relive the "good old days," those days when he was in command of the situation and life constituted a challenge and not a fear. This denying of the present and future and embracing of the past, manifests itself in many ways:

Aged people frequently attach themselves to old things — the old chair, the old dress, the old shawl become precious and the fact that the chair covering is worn to ribbons, the dress dirty and the shawl full of holes, does not matter. It is not even recognized as a fact by the old person.

Aged people depend on a fixed routine of life for security, even as children do. If supper is not served on the dot, if the family decides to have two meals instead of three on Sunday, the old person is upset. The lateness with which the newsboy delivers the paper or the fact that he puts it on the side instead of the front porch becomes a major upsetting issue.

Aged people tend to reminisce about old friends and old accomplishments and to idealize those who peopled the past. Old ways of preparing food are the only ways. Old friends are the only true ones — the new is fearful.

Aged people have a different time sense. They forget what happened yesterday or even this morning, but can recall in detail matters that occurred 40 or 50 years ago.

Aged people tend to become obsessed with a single idea, no matter how absurd it seems to others, nor how many times it is denied by those who are younger. They tend to bring it into the conversation, over and over again, even though they know that it will once more be denied and that it may even make others cross.

Aged people tend to become untidy. Time is no longer so important to them and the fact that a garment has been worn steadily for a week is of no importance. Moreover, they may not be able to see the dirt or even smell the staleness of the garment. Often the effort to become clean is too much for them. The lack of muscular coordination means spilled food and to have a garment cleaned is an admission that this has happened, and that "old age" has arrived. Sometimes instead of this, the older person does the direct opposite and becomes obsessed with the desire to be clean and is excessive in his attentions of personal care. To be unquestionably clean is then the greatest aim in their lives, and no exceptions can be permitted. This, too, begets difficulties with those who deem themselves to be more "practical."

Aged people often are extremely obli-

vious to reality. This may make them unduly optimistic or pessimistic and may prevent them from making any practical plans for the future or even for today.

Aged people may exaggerate problems and show marked anxiety about trifling incidents. This tends to make them tell the untruths that are extremely hard for those about them to handle.

Aged people tend to hoard money, clothes, string, newspapers, anything that to them will assure security and independence.

The aging process is now being studied by many people in many ways. These studies extend from intensive personal analysis and self-rating to lengthy interviews between psychologists and older people, on to the laboratory where a whole gamut of biological studies is taking place, and thence into the field of psychiatry. The questions to which answers are being sought range from "What makes people age?" and "How can the aging process be slowed down?" to "How many foot candles of illumination should be provided for old people?" and "What types of door handles are easiest for old people to manipulate?"

As was pointed out before, many factors in the decline of older people resemble, in part, the growth factors of children; and decline, like growth, is neither uniform in all individuals nor for all processes and functions within a single individual. Quite apart from any pathological changes, decline is variable, both in its rate and character. We need to describe and plot these changes in a wide variety of structures and functions against time, or age, in order to catalogue what occurs during the aging process. This is exactly what has been done during the past 25 or more years in studying the growth of children. As yet we have no norm for measuring decline in the aging, as we now have for measuring growth in children.

Other studies will be needed to determine how much and what types of decline can take place before it reaches the crucial point and old age is recognized as having "arrived."

We also need facts concerning the effect of age on recovery from various types of illnesses, disabilities and other conditions, and in determining this nurses will have much to contribute. Also, we should know more than we do now about the effects of age upon the learning and rehabilitation processes.

It has been said "energetic activity accompanied by deep concern delays deterioration for a measurable time." In other words when a person is vitally interested in life and is active in his living of it, his aging process is slowed. In the popular mind, the myth of retirement as the key to a happy life is oriented about the principle that absence of activity is both beneficial and preservative. Nothing could be further from the truth!

There are certain physical changes that occur in the aged about which we *do* have some facts. We know, for instance, that distinct neuroanatomical alterations are usually evidenced with advancing age; that both the weight and size of the brain diminish by several per cents as a person becomes aged; that the volume of cerebrospinal fluid is increased; that the dura mater is thickened and may contain deposits of calcium; that cell counts indicate loss of neurons accompanied by gliosis; and that there are many microscopic changes as well in the structure of the nervous system as age increases.

These things we do know but we do not yet understand how these changes effect the functioning of the body or the mind. There are other things that we now know about aging and their effects on the life of the individual. We know that the aged brain is more susceptible to insult by vascular insufficiency than is the younger brain; furthermore, we know that arteriosclerosis diminishes cerebral blood flow. This means that we should expect changes in both physical and mental behavior in the arteriosclerotic patient. These changes are "normal" for him.

One of the most important areas concerning the aged about which we have almost no real facts, is that of nursing care itself. This area is one with which we as nurses must be concerned. Further delay will be tragic for it is already late — too many people are now in need of our help.

It is easy for us to produce plausible reasons when we attempt to defend our abysmal neglect of this aspect of nursing care. Some of these reasons may

be sound, most are not. Whether they are or not, we can no longer use them as a crutch. We must become deeply concerned with the nursing of the aged — just as deeply concerned as we have been in the past with the nursing of infants and children and with the giving of good care to mothers before and after delivery. We must recognize that study and research in geriatric nursing is an important and long-neglected area. First we need to identify the basic knowledges in nursing and its many allied fields on which good care for the aged can be built. Then we must develop a body of skills and attitudes which will make it possible for nurses to put these knowledges to work as they care for older persons.

I do not advocate separation of geriatric nursing from the rest of nursing or in any way making it into a specialty. I would rather see geriatric nursing emphasized throughout all nursing curricula and all nursing service. It should not, of course, be allowed to be merely an after-thought and if it is integrated throughout the curriculum, there is a real danger that this may happen. Therefore, safeguards must be set up so that every phase of nursing will be related to the older person as well as to those of other ages and with other needs. There are certain obstacles to the better care of the aged that we should examine.

None of us wants to grow old and so we reject the idea that old age is an honorable estate.

Our attitude of fatalism suggests that the old have to die sometime.

There is a feeling that they have lived their lives and so should not try to mix into ours.

A fourth difficulty is our all-too-frequent attitude of surrender to the bigness of the problem and lack of willingness to try to find solutions.

Another obstacle is our concern with the more dramatic needs of patients so that a diagnosis of "old age" does not have an appeal and we are, therefore, content to let someone else care for him.

Finally, the aged themselves resent being old. In the middle of the last century John Quincy Adams wrote this in his diary: "What can I, upon the verge of my 74th birthday, with a shaking hand, a darkening eye, a drowsy brain and with all my faculties dropping from me one by one, as the teeth are dropping from my head — what can I do for cause of God and man, for the progress of human emancipation . . . But yet my conscience presses me on; let me but die upon the breach."

The mature person has little difficulty in recalling many of the experiences that he had as an adolescent if he will but try to do so. Some mature persons remember what it was like to be a little child, tiptoe on the threshold of life and bubbling over with new experiences every hour. A very few persons believe that they remember parts of their own babyhood, and in one or two instances on record, even into the birth hours themselves. But no one of us has ever been aged. We have no personal experience of what it is like. We need to listen and observe in order to learn. Above all, we need to turn our imagination loose and feed it with what facts we have until we develop a real understanding of what it is like to be old, albeit this understanding will be a vicarious one for many years to come. When we have developed that understanding, may it permeate all of our contacts with the aged — whether those contacts be within our own homes or neighborhoods, with relatives or friends, or whether they result from the fact that we are nurses, concerned in seeing that the best of care is given our older citizens.

---

It is generally agreed that postpartum psychosis is not a specific type of mental disease. Motherhood suddenly precipitates a predisposition to psychotic episodes in the patient. All such patients show one feature in common — hostility to the baby. The mother's inability to bear this hostility causes her to become psychotic. Formerly the mother was separated from the child and admitted to an observation ward or a mental hospital. Recovery was common but relapses were more common. Now the baby is admitted with the mother and it is found that relapses occur much less frequently.

— Communications Associates, Inc.

* * *

Lots of times you have to pretend to join a parade in which you are not really interested in order to get where you're going.

— Chistopher Morley

# Diabetes Mellitus

Mary Dersco

## Nature of the Disease

Diabetes is a disturbance of metabolism due to the total or partial inability of the tissues to burn carbohydrates. This inability is indicated by an excess amount of sugar in the blood and by the presence of sugar in the urine. The blood normally carries 100-120 mgm. of sugar per 100 cc. of blood and any additional sugar that is not burned overflows into the urine. Diabetes is due to the absence of sufficient insulin to enable sugar to be oxidized. In severe diabetes, the metabolism of protein, fat and sugar is affected.

## The Pancreas

The pancreas lies in the posterior abdomen behind the stomach. The head is enclosed in the loop of the duodenum and the tail is close to the spleen. This organ has an important role in the process of digestion. It produces an external secretion, the pancreatic juice, and an internal secretion, insulin. The former aids in the digestion of protein, fat and carbohydrates in the intestine. Insulin is the principal factor in the utilization of carbohydrates by the body cells. It is secreted by special cells of the pancreas which are arranged in clusters known as the Islands of Langerhans. Diabetes is due to the absence of sufficient insulin to enable sugar to be oxidized and can be corrected by the administration of this hormone.

## Etiology

Why the flow of insulin is diminished is not definitely known but there are many predisposing or associated factors. Among these are: worry, a sedentary life, bad food habits, obesity, infection, disease of the gall bladder, nervous and emotional disturbance, diseases of other ductless glands, age, race, and heredity. While it has not been proved that diabetes is an inherited disease, it is often seen to occur in several members of the same family. It has been shown that when two diabetics marry, the children of this marriage are almost certain to have diabetes; but if a diabetic marries a non-diabetic half of the children are likely to have the disease. It also seems to afflict certain races. The Jewish people seem to have a greater number of diabetics in proportion to the population than other groups.

Diabetes is primarily a disease of the mature years as its greatest incidence is among persons between 50 and 60 years of age. However, it does affect people of all ages, even young children. The onset in children is usually acute, with loss of weight, strength, polyuria and glycosuria. In this age group the disease is always comparatively severe. Among adults, the onset often is so gradual that the disorder is not noticed for months or even years; in about 10 per cent of all patients its discovery is a surprise in routine urine examinations. Periodic medical examination, special precautionary measures in regard to overweight, treatment of infections and the early recognition of symptoms are advised, especially between the ages of 30 and 60.

## Signs and Symptoms

The symptoms which disturb the patient and send him to the doctor are:

Frequent and copious urination, known medically as polyuria;

Extreme thirst, known as polydipsia;

Dehydration, due to polyuria;

Excessive hunger, known as polyphagia;

Loss of strength;

Loss of weight;

Itchy skin.

When an analysis of the blood and urine of a patient with the foregoing

---

Miss Dersco graduated this year from Misericordia Hospital, Winnipeg. She was awarded the second Honorable Mention book prize in the Macmillan Award competition.

symptoms is made in all probability he will be found to show:

Sugar in the urine; increased sugar in the blood.

The patient may be sufficiently ill to require emergency treatment if he is in a state of ketosis (or acidosis) or perhaps even in coma.

## Diagnostic Tests

Laboratory findings are the determining factors in the diagnosis of diabetes. The examination of the urine includes tests for: Volume, specific gravity, glucose, ketone bodies.

The normal *volume* excreted daily varies, of course, with the amount of fluids consumed and the amount lost through evaporation or perspiration. The normal limits, however, lie roughly between 1,200 cc and 2,000 cc. for a 24-hour period. If sugar is present, the volume usually is increased; the total volume often exceeds 3,000 cc. in severe cases.

*Specific gravity* is the weight of a liquid as compared with an equal volume of water, usually 1 cc. of each. The weight of 1 cc. of water is 1 gram. The weight or specific gravity of normal urine averages from 1.008 to 1.030 gm. per cc. This additional weight depends on the amount of dissolved substances in the urine. The solids in solution are chiefly urea and salts; and in diseases of the kidneys, albumin. When the total solids of the blood exceed the normal concentration point, the body excretes a larger volume of urine which is followed by thirst and increased intake of fluids. When large quantities of sugar are excreted, the weight or specific gravity of the urine may be increased above 1.030. The total volume is also increased.

*Sugar in the urine,* except when found in mere traces, is strongly indicative of diabetes mellitus, although there are a few exceptions. These include renal glycosuria, when the renal threshold for glucose is lowered; alimentary glycosuria, when too much sugar has been ingested at one time for the liver to store the excess; pentosuria, when the body fails to oxidize a certain carbohydrate called pentose; fructosuria, when fructose is not utilized, and lactosuria in nursing mothers, when lactose is not used.

*Ketone bodies:* Certain substances may appear in the urine as the result of incomplete burning of the fats. The presence of these substances, known as ketone bodies, is indicative, of ketosis or diabetic acidosis which, if not corrected, may result in coma.

*Blood sugar test:* The presence of glucose in the urine is strongly suggestive of diabetes mellitus, but a blood sugar examination is necessary to make the diagnosis certain. This test is made after a 12-hour fast. In diabetes it will show much higher than the normal level of 100-120 mg. per 100 cc. of blood.

## Report of a Case

Mr. Mervin, a 70-year old white male, was admitted to hospital by ambulance on June 25. This was his third admission. He was in a slightly stuporous, disoriented and confused state. His admitting diagnosis was given as "diabetes with gangrene of the left foot."

*Social History:* A widower, and owner of his own business, Mr. Mervin seemed to be well fixed financially. His family consisted of one daughter and one son, both of whom were very devoted to their father — a man of high principles, very religious, of average intelligence and with good personal and hygienic habits.

*Medical History:* A diabetic since April, 1952, Mr. Mervin has been regulated on a diabetic diet with 15 units of PZI insulin daily. He had a right inguinal hernia last February. He had complained of cold feet during the winter though there was no throbbing or pain in his calves, no headache, dizziness or shortness of breath. He had a good appetite, good bowel habits and a good physical appearance; weight 190 lbs.

Mr. Mervin had had an abdominal sympathectomy in May. Three days later he developed inflammation on the medial side of the left great toe. It did not improve on hot foments and was amputated on June 3rd. The wound would not heal and amputation was advised of the leg to above the knee. The patient firmly refused to accept such a decision. His son consulted another physician and was told that there was a possibility that the infection could be controlled with conservative treatment.

*Physical Examination:* On admission, temperature was 99°, pulse 72, respirations 20; blood pressure 155/102. Examination revealed a well developed slightly obese man, who was both acutely and chronically ill. Examination of the left foot revealed that the great toe had been amputated with failure of the wound to heal. There was a profuse purulent discharge from the wound. The foot was badly infected.

*Laboratory findings:* Fasting blood sugar was 167 mg. per 100 cc. of blood. Specimen of urine showed a faint trace of albumin but no sugar.

*Culture* of the discharge from toe stump revealed the infective organism to be Staphylococcus *albus*.

*Drugs and Treatment:* For the treatment of diabetes, the physician ordered Protamine Zinc Insulin 10 units daily, with an 1800-calorie diabetic diet.

For the treatment of gangrene, Streptokinase and Varidase dressing alternately with Spectrocin ointment to be applied to toe stump. On July 13, in addition to the dressings the treatment was to include exposure of the raw area t.i.d. for half an hour, with dry dressing to be applied at bedtime.

Operative treatment consisted of split thickness graft from the thigh to the raw area of the toe after sloughed tissue was excised.

Following the operation, Bacitracin compresses were applied to the toe stump. Bacitracin is derived from the growth products of Bacillus *subtilis*. It is an antibiotic substance with a range of activity similar to penicillin, against gram positive cocci and spirochetes. Its action is principally bactericidal. Bacitracin is used topically for local infections.

This treatment seemed to be of marked value and the infection cleared up almost entirely excepting for a very small opening in the toe stump from which a purulent discharge persisted. The physician now ordered that the wound be irrigated with Bacitracin t.i.d. Using a canula and syringe, the Bacitracin was to be injected deeply into the opening of the wound. This treatment was carried out with the greatest care. The wound began to heal and closed over. The patient was discharged from hospital on November 21, in apparently good condition.

## Complications of Diabetes

*Chronic complications:* Sometimes the complications first call attention to the fact that the patient has diabetes. There may be frequent attacks of boils and carbuncles, persistent eczema, or even gangrene; disturbances of vision (alternating near-sightedness and far-sightedness and cataract), pains in the extremities and loss of reflexes (peripheral neuritis, circulatory disturbances, arteriosclerosis; frequent infections, failure of wounds to heal; and coma.

*Acute Complications:* Acidosis results from incomplete oxidation of fats and the accumulation of fatty acids in the blood. If these acids are not removed, coma occurs. Coma can nearly always be prevented if the early symptoms are recognized and treatment is given promptly. The onset is frequently indefinite and sudden. Early symptoms are: loss of appetite, nausea, vomiting, abdominal pain, weakness, disturbance of vision, listlessness, and drowsiness. The tongue usually is dry and bright red, and the breath has the "fruity" acetone odor. Dyspnea in which the respirations are deep and labored (Kussmaul breathing), is one of the important signs. It is caused by stimulation of the respiratory centre by the fatty acids and is an attempt by the body to get rid of the excess carbon dioxide in order to lessen the acidity of the blood and keep its reaction normal. If untreated, drowsiness develops into complete unconsciousness and coma. The urine usually is decreased and on examination shows sugar, acetone and diacetic acid; albumin and casts are likely to be present also. The blood shows a decrease in carbon dioxide, an increase in sugar, and a marked leucocytosis.

The best treatment is prevention — avoid the conditions which predispose to, or deepen the coma. With the first symptoms of acidosis, the doctor should be notified and the patient should be put in bed and kept warm with blankets and hot water bags. He should be watched closely. Insulin, the amount depending upon the degree of the coma, will be ordered immediately and repeated doses will be given until the drowsiness disappears. The pulse should be watched and cardiac

stimulants given as needed. In many cases an enema is given and in severe cases a gastric lavage may be ordered. Sugar in the form of orange juice is administered as soon as the patient can swallow, to supply fuel, prevent hypoglycemia and aid in the combustion of fats. It should be given slowly, to lessen the possibility of vomiting. An intravenous injection of glucose may be ordered, or glucose may be administered by rectum. Fluids should be given freely to aid in the elimination of toxins and prevent dehydration. If there is no vomiting, frequent hot drinks such as tea, coffee or fat-free broths, may be given by mouth. In cases where the patient is unable to take fluids by mouth, saline solution may be given by hypodermoclysis, by intravenous injection or by proctoclysis. Patients and their relatives should thoroughly understand the symptoms of acidosis and should be instructed in the emergency treatment.

*Hypoglycemia:* If the amount of insulin given to the patient is in excess of that required for the combustion of available carbohydrates, the result will be hypoglycemia with possible convulsions, insulin shock and death. Every patient should be warned against, and should become familiar with, the early symptoms of hypoglycemia and should be instructed in the emergency treatment. The symptoms come on gradually, are easily recognized and the attack can be averted almost always by simple measures. The symptoms usually occur when the level of the blood sugar drops to about 0.08 per cent. The early symptoms are a feeling of uneasiness, and an uncomfortable sense of impending danger. There may be a mask-like immobility of the face with dilation of the pupils. An increase in the pulse rate with weakness, pallor, flushing, nervousness and tremulousness may occur. The patient often complains of marked hunger. Later symptoms are: anxiety, faintness, profuse perspiration, diplopia, and vertigo. There also may be disorientation, aphasia, and delirium. Unconsciousness and collapse are likely to result if the condition is untreated.

The treatment of hypoglycemia is to give sugar, in some form, in quantities sufficient to raise the blood sugar to normal and to lessen the demands upon it by keeping the patient quiet. In a hospital the doctor should be notified and the patient put to bed. In the early stage the juice of half an orange may be given, or small amounts of sugar at frequent intervals. In the sweating stage, concentrated glucose (such as corn syrup) is desirable. In severe forms, when the patient is unconscious, a 20-50% solution of glucose intravenously is indicated. The solution also may be given by gavage. Sometes adrenalin and pituitrin are given subcutaneously to convert the glycogen stored in the liver into usable glucose.

A person who is taking insulin, and is up and about, should always carry a few lumps of sugar in order to be prepared for a possible attack that might occur from some unusual exercise or other demand upon his store of sugar. Recovery from hypoglycemia, or return to consciousness is marked by tremor, twitching and mental irritability. Complete recovery is very rapid and presents one of the most dramatic incidents in modern medicine.

## Diet Therapy

The diet is the cornerstone in the care of the diabetic. It must be estimated for each patient and it should be so definite that the patient knows exactly what foods he may include. One of the fundamental principles in the treatment of diabetes is to avoid overfeeding. The diet should be kept within normal limits as far as possible. The caloric intake must necessarily vary with the individual but 30 calories per kilogram of body weight is generally sufficient in 24 hours for the average adult. The total glucose content (including that from protein metabolism) must not be greater than the sugar tolerance of the patient, as shown by blood and urine examinations. The proportions of carbohydrate, protein and fat prescribed vary with different doctors; however, in order to prevent acidosis, fat must be limited to an amount that can be oxidized by the carbohydrate. If the patient's own insulin is not sufficient to metabolize a required diet then insulin must be administered.

Success with patients in the regula-

tion of the diet at home depends to some extent upon a knowledge of the individual's likes and dislikes and upon the method of cooking used by the family. Adjustments can usually be made so that the patient's diet includes those foods to which he is accustomed. Physicians discourage the use of special products such as protein breads, not only because they are an unnecessary expense, but also because they are not generally available and the patient who becomes accustomed to having them experiences more difficulty in selecting meals in the average restaurant, in regulating his diet when visiting, and in many situations of ordinary living.

## Insulin Therapy

*Source:* Insulin is derived from the islets of Langerhans of the pancreas. It is a watery solution and may be prepared from the pancreas of animals.

*Properties:* It is not effective when given by mouth in any form available at present. It is soluble in water, but distilled water must be used since "hard" water precipitates it. It is soluble in 80% alcohol, but not 95% alcohol. Insulin syringes should not be sterilized with alcohol.

*Action:* Irritant when injected intramuscularly, it must be injected subcutaneously. It enables the tissues to utilize sugar, increases the formation and storage of glycogen in the liver, aids complete oxidation of fats, and acts as a stimulant to the para-sympathetic (vagus) nerve.

*Absorption and excretion:* Following intravenous injections, insulin appears very quickly in the urine; following hypodermic injections, it is less rapidly excreted. Excretion is complete in 24 hours. Insulin is found unchanged in the urine.

*Administration* of insulin is one of the important procedures in the care of the diabetic. Insulin lowers the blood sugar, promotes the combustion of carbohydrates, and prevents acidosis. It is not a cure, nor a substitute for the strict regulation of the diet, but it is an aid of immeasurable value in prolonging life, and in restoring the patient to health more quickly. It is given when the patient's own insulin is so deficient that regulation of the diet alone is not enough to keep the urine sugar-free and the blood sugar normal. It is always given in diabetic coma, in the preoperative and postoperative treatment of diabetic patients and in cases complicated by infections. No set rules can be given for the dosage, time, or frequency of administration as these vary with the diet, with each individual and at different times for the same individual. Doctors differ in their methods of prescribing insulin; it is important for the nurse to see that the treatment is carried out exactly as prescribed.

There are two types of insulin widely used today and extensive experimental work is being done to develop other types. One of the types is usually referred to as "regular insulin" and the other, protein precipitate, as protamine insulin. Regular insulin, or insulin hydrochloride, is absorbed rapidly and therefore acts quickly upon the metabolic processes. Because it is a solid substance and must be broken down before it is absorbed, protamine insulin acts much more slowly and its effect is more lasting.

Some preparations of protamine insulin have zinc added to them for the purpose of still further slowing the rate of absorption. Regular insulin has its maximal effect one hour after injection and therefore is given approximately one-half hour before meals so that the body will be prepared to take care of the ingested food. Since protamine insulin is broken down slowly, a single dose in the morning produces a gradual fall in the blood sugar over more than a ten-hour period. The steadying effect of this preparation on the blood sugar, and the convenience to the patient of giving himself one hypodermic a day instead of two or three, has made protamine insulin very popular. It is used extensively now, either alone or in combination with regular insulin.

## Complications of Insulin Therapy

*Allergic reactions:* Some individuals are sensitive to pork pancreas, which constitutes about 60 per cent of commercial insulin (the other 40 per cent being beef). These patients should be given pure beef insulin (Special In-

sulin), which is put up in 10 cc. ampules of 40 units each. The symptoms of sensitization to the protein of insulin should be watched for. These are: itching, urticaria, swelling of the lips, reddening of the eyes, puffiness of the face, weakness, epigastric pain, nausea and vomiting.

*Lipoatrophy*: This rare complication consists of atrophy of subcutaneous fat at the sites of injection. This may be caused by improper rotation of injection sites, but some cases occur in spite of care. These patients should make injections at body areas which are clothed at all times.

### General Nursing Care

The patient's general health has a marked influence on the progress of diabetes. Constant attention therefore, should be given to his schedule in order to see that he has a sufficient amount of exercise, rest and sleep. He should be encouraged to have at least eight hours of sleep each night and to rest after exercise. Overexertion and fatigue should be avoided. Fatigue raises the blood sugar level and lowers sugar tolerance; in severe cases overexertion predisposes to coma. Exercise, however, is desirable; it increases the sugar tolerance and permits a more liberal and varied diet which means a great deal to the patient. It also lessens the amount of insulin required. The amount of exercise depends upon the patient's condition and the diet, and it should be prescribed by the doctor.

Irritability and seeming ingratitude are a part of the illness and these reactions by the patient should be sympathetically treated by the nurse. It is not until the patient can learn to enjoy the daily regime, which must necessarily be strict, that he will react satisfactorily to his illness. The nurse should help to make the planning of the patient's day, and rigid adherence to the plan, a pleasant task.

Diabetics seem to be very susceptible to infections and gangrene. It is therefore very important that the nurse help the patient to keep his skin in good condition. Bruises and other injuries should receive prompt attention. The feet require special care. They should be kept clean, warm and dry, especially between the toes. The skin and nails can be kept soft by soaking the feet in warm water, then using lanolin around the nails. Corns and calluses should be treated, not cut. The nails should be cut across in a straight line. Shoes should be selected with care and both stockings and shoes should fit properly. Any sign of discoloration or inflammation should be reported to a physician immediately. Gangrene is to be guarded against particularly when arteriosclerosis is present because of the poor circulation and undernourishment of the tissues which occurs in arteriosclerosis.

The mouth and teeth should be kept clean and in good condition by daily care and regular visits to the dentist. While the common complaint of dry mouth and tongue, sore gums and thirst, may be relieved with treatment, it must be remembered that the mouth always harbors germs and that an infected tooth or any infection lowers carbohydrate tolerance, prolongs and increases the severity of the disease, and often interferes with its proper treatment.

The normal function of the kidneys, skin and bowels should be maintained. Constipation is common and predisposes to coma. Laxatives may be ordered, but free purging and diarrhea should be avoided because they deprive the body of fluid and alkali and thus predispose to acidosis.

Too much emphasis cannot be laid upon the importance of accuracy in the collection of urine specimens. The diagnosis and treatment of the patient is regulated by the results of urine and blood examinations. Both single and 24-hour urine specimens may be required and sometimes a specimen of each voiding within the 24 hours is examined separately. It is imperative that all specimens be collected carefully and sent to the laboratory promptly. Specimens should be kept cool to avoid decomposition; specimen bottles should be washed and boiled daily and should be kept clean.

All illnesses and infections increase the severity of diabetes and often interfere with its proper treatment. Most illnesses and infections are more easily prevented than treated. Patients should not be exposed to infection (a nurse with a cold, for instance, should not

nurse a patient with diabetes), and any foci of infection should be removed.

The nurse should not forget that accurate, complete records are essential in the care of the diabetic patient. All subjective and objective symptoms are significant, as are all factors of treatment.

### Health Teaching

As the treatment lasts through life, and must, to a large extent, be left to the control of the individual, the cooperation and education of the patient or a responsible member of his family is essential. In a hospital, therefore, "a patient is at school to learn how to save his life." The doctor should impress him with the importance of following directions explicitly and either the doctor or the nurse should instruct him in the regulation of his diet and mode of living, examination of the urine, the dosage and administration of insulin, and the danger and symptoms of overdosage; the danger of overweight and of minor illnesses and infections; and the use of emergency measures. What is expected of each patient and the freedom with which he is allowed to modify and adjust his treatment will vary with his intelligence, persistence and self-control. He should be taught to keep accurate records and to visit his physician regularly.

### Prognosis

There is no conclusive evidence that diabetes mellitus is ever cured, although prolonged amelioration of the disorder has been observed. This, however, is not a result of therapy but is related to metabolic changes in the individual associated, for example, with the correction of obesity or the healing of an infection. Although the underlying metabolic disorder may be expected to persist indefinitely, it can be compensated satisfactorily by means of a proper diet and insulin regime. These measures, together with those designed to improve the general condition of the patient, restore the diabetic to a metabolic state that is essentially normal. If treatment is begun early, before arteriosclerotic changes have appeared, and is directed skillfully and followed faithfully, there is every reason to anticipate a reasonable life expectancy.

---

The 1955 health record of the American people appears to have been exceptionally good, and the outlook for 1956 is very favorable. The death rate for the year will be about equal to that of 1954 which was the lowest on record.

There has been another substantial reduction in mortality from tuberculosis. Mortality from influenza and pneumonia continued at a low level. The incidence of poliomyelitis was less — the margin between the incidence in 1954 and 1955 being most appreciable during the summer and early fall months when the number of cases usually mounts rapidly.

Among the communicable diseases of childhood there was a noticeable reduction in the incidence of measles, but a rise in the number of cases of whooping cough. The number of reported cases of diptheria, already at a low level, continued to decline. The mortality record for the major chronic diseases was about the same as for 1954. Cancer still continues to account for about one-sixth of the total mortality. There was a small rise in the death rate from cardiovascular renal diseases. Death from diabetes showed practically no change.

The accident fatality rate was almost as favorable as in 1954. Occupational accidents continued at about the level of last year while home accidents showed a moderate decline. In contrast, the death rate from motor vehicle injuries rose. Infant mortality rates continued to improve; and maternal mortality maintained the low level of the previous year. The record of improvement in infant and maternal mortality is particularly significant in view of the high birth rate in the postwar era.

— Metropolitan Information Service

* * *

A smile or a laugh is far more pleasant than a frown or a growl. Anything that contributes to ease tension and create harmony in the emotional reactions of the body contributes to better health.

# Nursing Profiles

The University of Manitoba, at the spring convocation, added fresh lustre to its roster of honorary alumnae when the degree of Doctor of Laws, *honoris causa,* was conferred upon an outstanding graduate of the Winnipeg General Hospital, **Isabel Maitland Stewart.**

Born in Ontario, Dr. Stewart taught school at Morden, Man., for several years before she enrolled in the school of nursing in 1900. After graduation she engaged in private nursing for four years before becoming a supervisor at her Alma Mater. In 1909 she went to Columbia University where a course in hospital economics had been organized only a short time before by Adelaide Nutting, a fellow Canadian. Offered the opportunity to develop a program in nursing education, Miss Stewart remained at Columbia where she became successively instructor, assistant professor, associate professor and eventually professor of nursing education. Besides developing the first university program for teachers of nursing, she has written several books, countless articles and pamphlets, and has influenced nursing thought and opinion, both directly and indirectly, in every corner of the world.

Dr. Stewart's intellectual stature, her energy, her courage in speaking out, her devotion to the cause of healing, and her wisdom as a counsellor and friend have showered recognition upon her over the years. In 1936 she was named "Woman of Achievement" by the New York League of the National Federation of Business and Professional Women. She was made Professor Emeritus of Nursing Education in 1947 and received the Adelaide Nutting award from the National League of Nursing Education. Western Reserve University, Cleveland, Ohio, presented her with an honorary LL.D. in 1948. The following year the government of Finland gave her its Medal for Humanitarian Work. Columbia University in 1954 made her the recipient of their Silver Bicentennial Medallion and conferred the Doctor of Humane Letters degree. The International Committee of the Red Cross honored her with the Florence Nightingale Medal.

ISABEL M. STEWART

In 1913, Miss Nutting said of Dr. Stewart's work: "She is bringing to the service . . . a highly trained and disciplined mind . . . a rare degree of enthusiasm and an ardent devotion to her profession and to upholding and strengthening it in its deeper and nobler ideals. The success which may attend our efforts will be due in no small degree to her." The years, and the continuing honors, have shown how true this appraisal of Isabel Maitland Stewart was.

Having an honorary degree is nothing new for **Edith Kathleen Russell.** Yet, nurses all over the world will echo the pleasure of her colleagues here in the new recognition accorded her by the University of Toronto. On May 25 the following citation was read by the University President:

> No Maritime modesty inhibits my pride on this occasion when I declaim that Kathleen Russell and I grew up in Windsor, Nova Scotia, and graduated from the University of King's College. I could not then have guessed at the glowing page that she would write in the history of another King's College, the University of Toronto.
>
> Miss Russell came to this staff thirty-six years ago as the head of a new, small Department of Public Health Nursing. Single-minded, and almost single-handed, she developed a School of Nursing that has become a lodestone and a model for leaders in nursing through-

DR. KATHLEEN RUSSELL
*with the other recipients of honorary degrees at the University of Toronto Convocation*

out the world. With a prevoyant awareness of the social significance of the healing arts, and with rigorous standards of scholarship and competence, she has proved that liberal and professional education can be successfully combined to the detriment of neither. Hers was no easy task; she has written of the founding of the school that "the path to progress has had to be cut, step by step, through a barrier raised by tradition and inertia and selfishness." How well and straight she cut that path is shown in the words that were written by the President of the Rockefeller Foundation in 1947, five years before her retirement from the University staff: "Kathleen Russell's leadership, scholarly ability and insight into the community's nursing needs have produced an outstanding research program and . . . have made Toronto one of the peaks of nursing training in the world." I would say to other divisions of this institution: "Shall we join the ladies?"

Mr. Chancellor: In the name of the Senate, I request you to confer the degree of Doctor of Laws, *honoris causa*, on Edith Kathleen Russell, whose selfless service in the cause to which she dedicated herself has influenced the lives and inspired the devotion of the international sisterhood who hold aloft the lamp of gentleness and grace.

ELSIE C. OGILVIE

During her busy career, Dr. Russell has been the recipient of many honors — D.C.L. *honoris causa* from King's College, Nova Scotia; the Mary Agnes Snively Award from the Canadian Nurses' Association, and the Florence Nightingale Medal from the International Committee of the Red Cross. She carries all of these lightly as she continues to give of her wisdom and judgment to her profession. Dr. Russell is nearing the completion of an interesting study of the nursing needs and opportunities in the province of New Brunswick. She was a leader in the original experiment, demonstrated at the Metropolitan Hospital, Windsor, Ont., which operated from 1948 to 1952.

Dr. Russell plans to reside in Toronto.

**Elsie Caroline Ogilvie** has joined the staff of the University of Toronto School of Nursing after serving for several years as nursing consultant with the American Psychiatric Association. Her experience in psychiatric nursing has been broad and varied. Previously Miss Ogilvie, who graduated from Grace Hospital, Toronto, assisted with the organization of the course in supervision in psychiatric nursing at the McGill School for Graduate Nurses. Before going to Montreal she was director of nursing at the Institute of Living at Hartford, Conn., for several years following her resignation from the post of assistant director of nursing at the Neurological Institute, Presbyterian Medical Centre, New York.

---

Sugar is a quick-energy food and pleasant to take. For centuries it has been used to make other foods more palatable. It does not contain any appreciable amount of vitamins and minerals, furnishing calories only. But a level teaspoonful has only about 16 calories, not enough to make much difference. Even people on a severe reducing diet can afford to put a teaspoonful of sugar in their tea or coffee three times a day.

# In Memoriam

**Blanche Forsey,** who graduated from Lady Stanley Institute, Ottawa, in 1903, died at Ottawa on May 4, 1956.

* * *

**Lois Hanly,** who graduated from Toronto General Hospital in 1922, died suddenly at Toronto on March 2, 1956.

* * *

**Lenore (Lyle) Humphrey,** who graduated in 1925 from the Hospital for Sick Children, Toronto, died in May, 1956.

* * *

**Mary Husband,** who graduated from Toronto General Hospital in 1906, died recently.

* * *

**Caroline Legge,** who graduated from the Lorrain School of Nursing, General Hospital, Pembroke, Ont., in 1934, died there on April 21, 1956. Miss Legge had devoted much of her professional life to private nursing in New York State.

* * *

**Mary Miller,** who graduated from the Hospital for Sick Children, Toronto, in 1910, died in March, 1956.

* * *

**Louisa Morrison,** who graduated from Toronto General Hospital in 1907, died at Hamilton on April 15, 1956 after a long illness. After graduation Miss Morrison engaged in private nursing in Georgetown, Ont., for many years.

* * *

**Jean Neilson,** who graduated from Toronto General Hospital in 1897, died last year at New Haven, Conn.

* * *

**Mary (Woods) Nelson,** a graduate of St. Luke's Hospital, Ottawa, died recently following a brief illness. From 1914 to 1921 she was night supervisor at St. Luke's.

* * *

**Anne (Blair) Shuttleworth,** who graduated in 1897 from the Hospital for Sick Children, Toronto, died in April, 1956.

* * *

**Sister Mary Dorothea,** a member of the first graduating class of the Ottawa General Hospital died at Pembroke on April 12, 1956. Sister had given many years of efficient service in different hospitals conducted by her community prior to her retirement in 1946. She was superintendent of nurses at the General Hospital, Sault Ste. Marie, and later Superior there. She founded two hospitals in Saskatchewan at Lestock and Esterhazy and served as Superior of each. Throughout her long life she maintained an active interest in professional affairs.

* * *

**Soeur Jeanne de Lorraine** and **Soeur Marthe de l'Immaculee,** both of whom had retired from active service in the nursing profession, were among the unfortunate victims of the holocaust that followed the crash of a jet plane near Ottawa in May, 1956.

* * *

**Jean (Vallance) Smith,** who graduated from Vancouver General Hospital in 1938, died at Vancouver in April, 1956. Mrs. Smith was one of the first nurses to become a T.C.A. stewardess.

* * *

**Maud (Bennett) Wade,** a graduate of St. Luke's General Hospital, Ottawa, died at Ottawa recently following a long illness.

* * *

**Mary Anne Wheeler,** who graduated from Toronto General Hospital in 1917, died in Florida early this year. Miss Wheeler joined the staff of the Toronto Department of Health in 1917 and retired in 1946.

* * *

**Sally Ann Wiseman,** who graduated from the General Hospital, Kingston, Ont., in 1953 died very suddenly at Los Angeles on April 20, 1956. She was 24. Following graduation Miss Wiseman had worked for a year at the University of Alberta Hospital, Edmonton, before joining the staff of the Cedars of Lebanon Hospital in Los Angeles.

---

General hospitals, and more especially teaching hospitals, can no longer limit their activities to the treatment of physical illnesses, since such treatment would be only a partial one insofar as the needs of the community are concerned. Adequate hospital service today entails the treatment of symptoms, irrespective as to whether their manifestation is in the nature of organic or psychic pathology. These are the concepts which have played a part in the organization of the departments of psychiatry in general hospitals.

— A. E. Moll, M.D.

* * *

Difficulties should be divided into as many parts as possible. Then one may advance by degrees from the simple to the complex.

# When a Nurse Has Diabetes

DAPHNE BELL

EVERY STUDENT NURSE has had a complete physical examination before she enters the school of nursing of her choice. It is common practice for the schools to require that all remediable defects be corrected before training is started. This is only reasonable since even one abscessed tooth may cause loss of time — time that has to be "made up" at the end of training. Potential students, with more serious health problems, are wisely rejected by the schools rather than risk aggravating an existing condition by the steady demands training makes on her physical strength.

Despite all the preliminary precautions, student nurses do develop various illnesses from time to time. It may be nothing more than a simple appendix or chronic sore throat. Sometimes it is much more serious. What happens when it is discovered that a student nurse in her intermediate year has developed diabetes mellitus? Should she be required to give up her training? The story of a fellow-student, whom we shall call Sheila Forbes, may bring fresh hope and courage to other girls with diabetes mellitus who may wish to enter the profession of nursing and who will have to learn to adapt themselves to the irregular hours both student and graduate nurses have to work.

Sheila was normally healthy as a youngster. Apart from the minor communicable diseases, the only unpleasant break in her health picture was sinus trouble at the age of 12. She had severe prefrontal headaches that sometimes recur, still, in damp weather.

Training was started in September, 1953, at 18½ years of age. By the time the symptoms of diabetes developed in November, 1954, the "probie" period, the Junior block lectures and the Junior R.N. examinations were all behind her.

Sheila was completely asymptomatic all through that first year. It was after she had started her experience in the operating room that she noticed that she was losing weight. Unlike some of her classmates, whose weight had soared during their first year, Sheila had remained fairly constant at around 115 pounds. She became concerned at the rapid loss of weight which was just 96 pounds when she reported off duty. She had begun to feel very, very tired but, thinking it was a normal result of the bustle in the operating room she did not attach much importance to it.

Three weeks prior to admission as a patient Sheila realized that the four or five times she had to get up at night was abnormal. Though the frequency and polyuria bothered her, she reckoned that it was the quantity of fluid she was taking, for her mouth was always very dry and she was extremely thirsty. Though she became hungry more often Sheila did not suspect diabetes. True she had learned the symptoms in the course of her medical lectures but diabetes was something that happened to somebody else — not yourself or your friends!

Eventually blurring of her vision precipitated a request for a medical examination. Sheila had worn glasses for five years because of myopia but no change of lens had been necessary when last her eyes were checked. She felt very listless and weary and though there was no dyspnea she had noticed more strain and palpitation whenever she climbed stairs.

When she was admitted to the diabetic unit on November 30, 1954, the urine showed 4 plus sugar and 2 plus acetone. The a.c. blood sugar was 366 mgm.% with the p.c. blood 588 mgm.%. Hemoglobin was 94%, white blood count 6,200. Immediate enquiry did not reveal any hereditary factor of diabetes.

The initial step in treatment was to start the patient on a low calorie diet that would be gradually increased to find out to what extent the disease could be controlled by diet alone. The aims of dietary treatment are: to lower

Miss Bell graduated last spring from the Royal Victoria Hospital, Montreal.

the blood sugar; to counteract acidosis; to supply nourishing food to help the patient regain the lost weight. Sheila's diet was soon supplemented by insulin as follows:

*Initial diet:* Protein 50, Fat 50, Carbohydrate 50. No insulin. This regime lasted for three days. All the carbohydrate was lost in the urine. Since only meagre amounts of food were allowed, Sheila summed it up as "I was horrified!"

*December 3:* P. 80 F. 50 CHO 90. Protamine zinc insulin, 20 units before breakfast.

*December 4:* P. 80 F. 50 CHO. 110. PZI 28 units before breakfast. The urine showed 4 plus sugar and 4 plus acetone.

*December 5:* P. 80 F. 50 CHO. 130. PZI 40 units before breakfast, Crystalline Zinc Insulin 40 units during day. Both sugar and acetone remained 4 plus.

*December 6:* A close watch was kept by both the patient and the nurses on the ward, for an insulin reaction following the increased dosage. Exactly the opposite reaction occurred. During the night and early morning, Sheila began to vomit, felt weak and dizzy when she attempted to get out of bed. As these symptoms became more acute, she developed a headache, an acetone breath, a dry skin and a tremendous thirst. Acidosis was increasing rapidly so she was given an immediate dose of CZI and an intravenous of 5% glucose and saline was started. She received 76 units of CZI during the day with 20 gram feedings every three hours.

*December 7:* The doctors noted that the protamine zinc insulin alone was ineffective in controlling Sheila's diabetes so decided that she should be given both kinds. On this day with 80 units of CZI only, the urine was free of sugar and acetone.

*December 10:* The diet was increased to P. 100 F. 50 CHO. 230 with PZI 32 units, CZI 32 units before breakfast and CZI 24 units during the day. Only 10-15% of the total carbohydrate intake was now being lost in the urine. The crystalline zinc insulin was both successful and effective.

It was decided that for her own protection in the future it would be well to have Sheila experience a sharp insulin reaction. An overdose was given deliberately, therefore, with the characteristic sequence of ravenous hunger, shakiness, perspiration, apprehension and a waxy white nose. Sheila quickly learned the importance of counteracting this reaction!

Before she was discharged on December 18, Sheila's diet was established on the basis of P. 100 F.60 CHO. 250. The insulin dosage was set at PZI 36 units, CZI 24 units before breakfast and CZI 20 units before midday dinner.

Even after two weeks at home, Sheila felt somewhat shaken by her experience when she returned to resume the life of a student nurse. At first she always felt hungry but gradually she became accustomed to her new regime. While she was a patient, she had attended the lectures that are given to diabetic patients. She knew that unless sugar is found in the urine, blood sugars are taken every three months. It became routine for her to test her urine twice a day — before breakfast and in the afternoon. Having spent six weeks in the diabetic ward prior to her illness she was well informed about the disease, its complications, its limitations and the problems of adjustment.

Sheila's return to active duty was an indication of the splendid adjustment she made. Her meals have all been prepared in the diabetic kitchen. She carries with her all the necessary equipment for her own dose of insulin and half an hour before her meals she administers the correct amount.

Understanding and faith between the patient and her doctor go a long way to securing the necessary mental adjustment to the new way of life that confronts a person who has diabetes. Shall she carry half a load or her full share? What about hours of work? Should she be scheduled only for day shift, skipping evening and night duty? Following consultation it was agreed that Sheila should follow exactly the same pattern of duty as all her classmates. It has been necessary to notify the diabetic kitchen the day before shift changes are made so that her meals can be properly spaced.

Diabetes mellitus is not communicable, like tuberculosis; it is not painful, like arthritis; it is not unsightly like some dermatological conditions. But diabetes is a chronic disease. As

# No pins or curlers needed!

(slips on or off in a jiffy — won't muss your hair)

## JOHNSON'S J-cap

Trade Mark

## FOR NURSES

- Professionally correct operating room cap.
- Hygienic — not a hair out of place.
- Can be autoclaved without harming elastic.
- Sanforized against shrinkage.

Johnson & Johnson
LIMITED MONTREAL

Made in Canada

she nears the conclusion of her time as a student, Sheila knows that she will always have to watch her diet — always have to take insulin. But she also knows that she will be able to carry on in the profession she loves.

# Impressions d'Afrique

CLAIRE (DESMARAIS) TREMBLAY

J'AI INTITULÉ CETTE CAUSERIE: Impressions d'Afrique, pour deux raisons. Premièrement, impressions, parce que les 30 mois que j'ai vécus au Tanganyika, n'ont pas suffi à créer des certitudes, des opinions arrêtées; les problèmes de ce pays, pour moi si nouveau et si complètement différent de notre Canada, sont trop sérieux, trop complexes pour que je me permette de vous exprimer rien de plus qu'une appréciation tout à fait personnelle.

Deuxièmement, parce qu'un moment, une soirée sont trop brefs pour détailler tant de parcours: de Montréal en Europe et jusqu'au Tanganyika puis du Tanganyika jusqu'au Cap de Bonne Espérance et enfin du Cap au Caire et à Paris; aussi tant d'expériences, la vie d'une canadienne sur une mine de diamants au coeur de l'Afrique; enfin toute la splendeur de la grande Nature.

Le voyage de Montréal à Nairobi, puis à Mwadui avait un caractère bien touristique, puisqu'il s'est fait par bateau, par trains, par avion, enfin par tous les moyens conventionnels, avec des billets qu'on achète au départ et des horaires fixes.

Un impressionnant navire, nous transporta de New York en Angleterre. Pour notre séjour en Grande Bretagne, nous avions loué une auto et un de mes nombreux préjugés devait se fondre sous le charme de la campagne anglaise. Puis d'un bond d'avion nous sautions de Londres à Paris. Une semaine à Paris: c'est vraiment trop peu pour y apprendre l'art de flâner! De Paris à Interlaken: une agréable randonnée en train. Comme tant de touristes, nous sommes montés à la plus haute station d'Europe pour admirer le Jungfrau. A regret nous quittions la Suisse toute blanche, toute propre, si gentille, pour descendre vers Rome d'où nous nous embarquions dans un gros avion pour une migration vraiment importante: une envolée de 22 heures, entrecoupée de quelques escales rapides: Le Caire, Karthoum, Entebbe, et le but: Nairobi — le même Nairobi qui a apparu dans les journaux montréalais à l'occasion de la guérilla des Mau Mau. Quand nous y sommes arrêtés pour la première fois, en novembre 1951, la ville semblait très sereine. Pour moi, c'était l'Afrique. J'arrivais dans une ville, bien sûr, mais je m'y sentais très craintive; le première nuit passée en terre africaine, fut pour moi, lourde de cauchemars de serpents, de massacre de missionnaires, et de mille aventures tirées des contes d'enfants.

Dès le lendemain, un des avions de la compagnie pour laquelle Mousseau, mon mari, allait travailler, nous emportait de Nairobi à Mwadui. Mwadui, située à 200 milles au sud de Nairobi et à 90 milles au sud-est du Lac Victoria, est une agglomération qui a poussé il y a seize ans à la suite de la découverte d'une mine de diamants par le Dr. John Thorburn Williamson, (Ph.D. en géologie), canadien, originaire de Lachute, Qué.

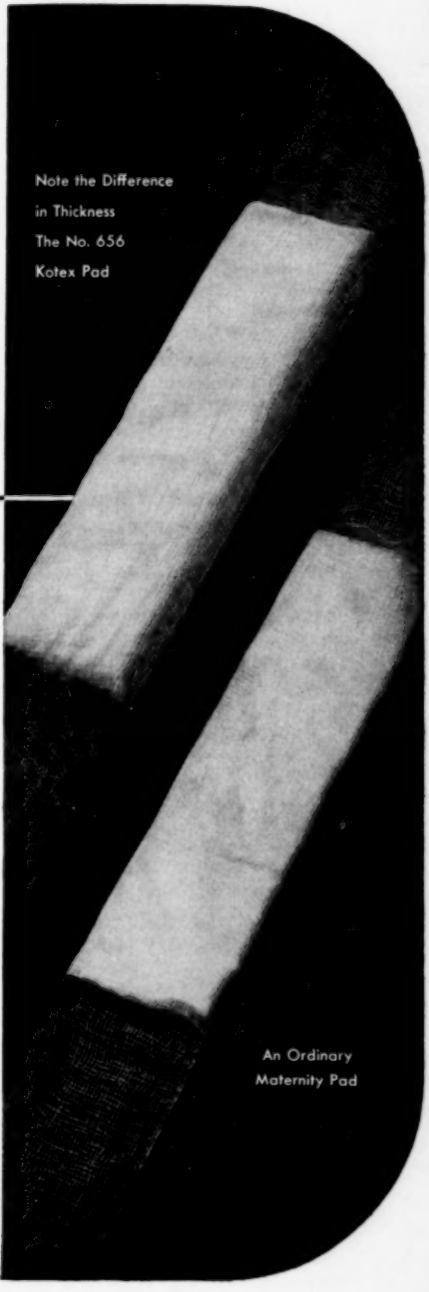
Mwadui nous accueillit, mon mari et moi-même, avec amitié. Le soir même de notre arrivée commença notre vie sociale qui devait être des plus agréables pendant tout notre séjour. Ce premier soir, nous étions les invités du géologue en chef qui avait réuni également les autres membres du département de géologie. Nous devions par la suite connaitre de profondes amitiés chez des anglais, des sud-africains, des hollandais et des allemands.

Le lendemain commenca pour moi

---

Mme Tremblay, diplômée de l'hôpital Notre-Dame de Montréal est l'épouse d'un géologiste, employé à des recherches à la mine de diamant en Afrique.

# THE NEW IMPROVED
# No. 656
# KOTEX
# maternity pad




## IS MORE EFFICIENT . . . COSTS LESS
### Because it's Thicker, Softer

Get more pad for your money with the thicker, softer **12-inch** No. 656 Kotex. An improved process lays Cellucotton fibres into a fuller, fluffier filler. As a result, fewer pads are needed and less time spent in changing pads.

**NEW MATERNITY BELT.** For most efficient operation with the No. 656 Maternity Pad, use the new Kotex Maternity Belt. Forget old-fashioned T-binders. New belt fits around waist and snaps on—*no pins!*

**BIG SAVINGS!** Save dressing costs and hours of nurse time. See your Curity representative for details today!

***Extra Features of 12-inch No. 656 Kotex Pad***

- **Rounder, softer edges for greater comfort to patients.**
- **Ends, as well as sides, completely enclosed by super-soft 4-ply crepe wadding.**
- **Lengthwise direction of crepe fibres channels drainage over greater pad area, and keeps it away from sides.**
- **All at no increase in price!**

Curity
TRADE MARK

## IMPROVED
## No. 656 KOTEX PAD
## AND HOSPITAL BELT

Kotex is a registered trade mark of Canadian Cellucotton Products Limited

BAUER & BLACK

THE KENDALL COMPANY (CANADA) LIMITED
TORONTO 13

une expérience inattendue: j'avais à mon service, trois nègres qui ne parlaient ni anglais, ni français, mais une langue tout à fait sortie des nues, qui s'appelle le Kiswahili, que je devais apprendre assez bien dans les premiers mois suivants. C'est une langue mi-bantu, mi-arabe, régie par des règles de syntaxe bien définies, et dont l'étude rapporte à celui qui s'y adonne, une véritable satisfaction en même temps qu'un épanouissement de l'esprit.

La vie, à Mwadui, même était très plaisante; en plus de l'occasion qu'on y avait de rencontrer des personnes de cultures différentes, on y jouait au tennis, au golf, on se rafraichissait à la piscine. Le Club donnait deux soirées de cinéma par semaine; des danses, des mascarades, des concours d'adresse.

La nourriture la plus fine, les légumes nous venaient par avion de Nairobi; la viande, les oeufs et le lait étaient des produits locaux. On ne manquait vraiment de rien. Les maisons recouvertes de stucco blanc et de toits de tuiles rouges avaient des intérieurs spacieux, bien éclairés, meublés comfortablement avec toutes les aménités de la vie moderne: eau chaude, poêle électrique, frigidaire, etc.

La première adaptation à faire pour des personnes qui viennent des pays froids est celle de s'habituer, non pas à la chaleur, mais à la lenteur de toutes choses. Mais si l'on surmonte sa première réaction qui en est de mécontentement peut-être ou de nervosité à devoir subir l'inefficacité des services, des accomplissements, alors on connait une règle d'or.

Pour ma part, ce ralenti, cette halte, me donna le loisir de réfléchir plus sérieusement, et de considérer sous un angle différent l'ensemble des valeurs matérielles et spirituelles. Et tout absorbée par ces méditations je n'ai pas réalisé à quel moment, ni jusqu'à quel point, les cieux africains avaient comblé mon coeur.

A Mwadui, il n'y pas de froids, de pluies ou de chaleurs excessives. La mine du Docteur Williamson est située à 4,000 pieds au-dessus du niveau de la mer. Croyez-moi, je n'ai jamais souffert de chaleur écrasante comme on en subit dans la région de Montréal l'été dernier. La saison des pluies se manifeste par un orage vers quatre heures de l'après-midi et se prolonge très rarement plus qu'une demi-heure ou une heure. Après quoi tout rayonne de nouveau. Pendant trente mois, je n'ai pas vu une journée sans soleil, c'est tout dire! Les pluies rafraichissent les soirées et les nuits qui par ailleurs, ne sont jamais très chaudes.

Quand on s'ennuie un peu du froid et de la neige on n'a qu'à faire une excursion au Kilimanjaro qui s'élève à 19,000 pieds et dont les sommets sont couverts de neiges éternelles, toutes illuminées qu'elles sont, par le soleil de l'équateur. Le Kilimanjaro est situé à 200 milles de Mwadui. Et si l'on veut s'ébattre dans les eaux d'une véritable mer intérieure on se dirige vers le lac Victoria, 90 milles au nord de la mine; le lac Victoria est le deuxième plus grand lac au monde après le lac Supérieur.

L'un des charmes les plus prenants du Tanganyika réside certainement dans sa faune extraordinairement riche et variée. On n'a qu'à parcourir quelques 60 milles pour admirer des troupeaux considérables de zèbres, de gnus, de Hartbeest, de giraffes, d'antilopes de toutes espèces, de quantités de singes, de buffles. Si on a de la chance on apercevra des éléphants, occasionellement un lion, un léopard, ou un rhinocéros. Près d'un cours d'eau on pourra voir des hippopotames ou des crocodiles. Et tous ces animaux dans leur habitat naturel ont une beauté exceptionnelle. Les oiseaux sont aussi nombreux que variés et leur colori est souvent absolument extraordinaire.

La fore plus réduite à cause de la semi-aridité de la steppe, de ce plateau de 4,000 pieds d'altitude, comporte quand même des arbres et des plantes d'une splendeur et d'un parfum exquis. La plupart des maisons de la mine se parent de bougainvillée rouge vif, violet ou orange. Les jardins sont souvent surchargés de frangipaniers, de poinsettias, de begonias, d'hibiscus pour ne mentionner que les plantes les plus communes. Les arbres qu'on voit le plus fréquemment sont les acacias, les baobabs, les palmiers, les bananiers, les papayas, les manguiers.

Tout au cours du travail de Mousseau, nous avons eu la chance de parcourir le Tanganyika du nord au sud et de l'est à l'ouest. Pendant ces voyages qui duraient parfois quelques

# "Meat protein as well retained as milk protein..."

EVEN premature infants digested, utilized and retained the proteins and fat in specially prepared Meats for Babies according to Sisson, Emmel & Filer, "Meat in the Diet of Prematures", Pediatrics, 7, 89 (1951).

The authors state, in part: "Meat protein is as well retained and utilized as milk protein by the premature infant and is therefore as safe and efficient a source of protein as milk. The fat absorption of the premature infant is not significantly altered when the milk in the diet is partly or wholly replaced by meat fat or meat fat and olive oil."

*Swift's Meats for Babies was the original product of this kind placed on the market. Prepared from only fine, lean meat, the food is cooked and milled to a fine purée. The texture is soft, moist and easily fed in formula or for initial spoon feeding just as it comes from the can. There are seven kinds for variety and special conditions: Beef, Lamb, Pork, Veal, Liver, Heart, Liver and Bacon, and also Swift's Egg Yolks for Babies, Salmon Seafood for Babies and the chopped Swift's Meats for Juniors.*

7R1-56

**Meats for Babies**

**SWIFT'S**

***most precious product***

**Swift**

*To Serve Your Family Better*

SWIFT CANADIAN CO., LIMITED.

jours, parfois un mois, je me suis habituée à la vie de camp et à tous ses avantages.

Notre premier garçon avait un mois quand nous l'avons amené faire son premier voyage. C'était dans le temps de Noël et nous voulions aller voir le cratère de Ngorongoro, l'un des plus spectaculaires au monde. Le voyage, une distance de 200 milles, sur des pistes peu connues, affecta si peu le comportement du bébé que nous n'avons plus jamais hésité à amener d'emblée la famille entière dans toutes nos excursions.

Lors d'une vacance de six semaines, nous sommes descendus jusqu'au Cap de Bonne Espérance. Nous avons admiré les Chutes Victoria, le majestueux fleuve Zambèze, la chaine du Drakensberg, la Montagne de la Table d'où l'on admire l'océan Indien et l'océan Atlantique qui viennent se joindre et se heurter à l'extrémité sud de l'Afrique.

Et si notre voyage d'aller pouvait être classé comme voyage de touriste, celui de notre retour fut toute une odyssée. Nous avons quitté la mine du Dr. Williamson en avril 1954, dans une petite camionnette qui nous transporta à travers l'Ouganda, le désert de Nubie (Soudan) l'Egypte, le Liban, la Syrie, la Jordanie, la Turquie, la Grèce, la Yougoslavie, l'Autriche, la Suisse et la France. Ce fut une grande expédition préparée pendant plus de dix mois, et qui s'effectua sans encombre, nous donnant l'opportunité de connaitre plus pleinement la gloire de la Terre et la joie de vivre. Et pendant la traversée de l'Atlantique, nous rêvions encore du Tanganyika.

# Sélection

*Petite Etude Psycho-sociale*

La T.V. met-elle obstacle aux bonnes relations familiales et sociales?

La télévision dès son apparition nous apporta non seulement des exclamations et des interjections, mais aussi des points d'interrogation. En un mot, elle a de nombreux avantages et beaucoup de désavantages. La télévision peut être un instrument éducatif et culturel ou banal et déformateur. Tout cela provient de la manière dont on l'utilise.

Pour bon nombre de personnes la télévision est une occasion de paresse intellectuelle: la lecture est mise au rancart; adieu les efforts de concentration et d'assimilation, ici tout est servi prêt à absorber, c'est beaucoup plus simple.

Elle est pour plusieurs spectateurs, qui savent faire le choix de leurs émissions, une source culturelle et enrichissante tant au point de vue moral qu'intellectuel et social.

Dans plusieurs foyers, le mari se voit délaissé pour le grand "Survenant" ou le beau "Guillaume," et la femme regarde d'un oeil jaloux son époux qui semble si intéressé à un programme de "Music Hall."

Pour les enfants et les adolescents, la T.V. peut être une ressource éducationnelle et instructive ou déformatrice et suggestive.

Je trouve que la T.V. nuit beaucoup à nos belles veillées d'antan. Tous les soirs, elle est là qui sollicite notre attention et elle semble vouloir accaparer tous nos loisirs pour elle seule. En songeant aux joyeuses soirées d'amitié d'hier, je me prends à regretter cette invention d'aujourd'hui. Tout le monde n'a d'yeux et d'oreilles que pour les personnages de cet écran, sans penser que, près d'eux peut-être, quelqu'un aurait besoin d'un sourire, d'un bon conseil, d'un encouragement, d'une causerie amicale, etc.

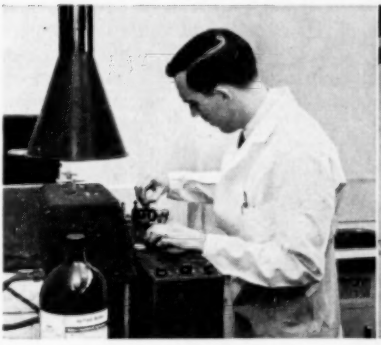
S'avise-t-on de visiter des amies, aussitôt des chaises sont avancées devant ce fameux appareil et les regards nous disent: "Ch... Ch... Ch... pas de bruit," comme si nous étions venues spécialement pour voir le charmant sourire des vedettes.

La T.V. ne présente sûrement pas que des mauvais côtés; elle a de nombreux avantages, mais il faut s'en servir intelligemment et non "gober" tout ce que l'on nous sert. Il faut être capable de regarder et d'apprécier certains programmes et de rejeter certains navets.

Ne trouvez-vous pas qu'il est grandement temps pour nous de réagir et de faire un choix des programmes à suivre? Ne pas y assister en spectateurs inactifs mais savoir tirer profit des heures passées aux téléspectacles.

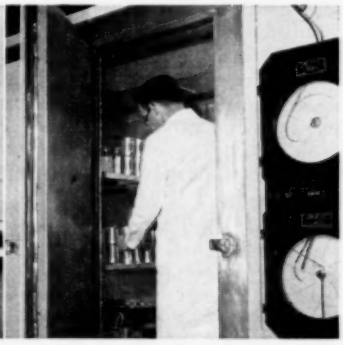
Extrait de "Sentinelle", journal des étudiantes-infirmières de l'Hôpital Saint-Jean, Saint-Jean, P.Q.

# Report | from Carnation Research Laboratory



**Nutritional Research**

The never-ending effort to reach even higher standards for Carnation products includes both biological and analytical research. In the latter phase, all necessary, definitive equipment is available at Carnation Research Laboratory. Here, for example, a staff member determines vitamin B content of a Carnation product, using a Beckman Quartz Spectrophotometer.

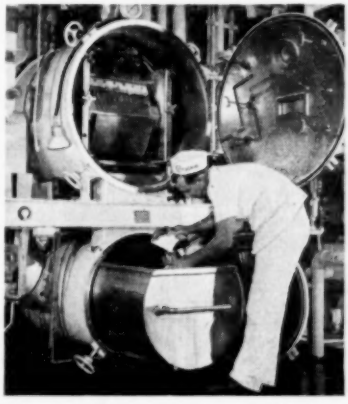


**Product Stability Research**

Carnation research also assures *retention* of optimum food values under maximum adverse conditions. Among other facilities, a diurnal cycling cabinet permits staff members to study Carnation products under extremes of temperature and humidity.

**Mass Production Research**

Carnation Research Laboratory includes a complete pilot plant staffed by competent technicians. Mass production problems, if any exist, are detected and further research instituted.




**Carnation Protects Your Recommendation with Continuous 5-Phase Research:**

Carnation Research Laboratory; Carnation Farms; Carnation Plant Laboratories; Carnation Central Product Control Laboratory; Carnation-sponsored University & Association Research.

945

*"from Contented Cows"*

# A New Deal for Male Nurses

ALBERT WEDGERY, *Reg. N.*

DURING THE RECENT annual convention of the Registered Nurses' Association of Ontario, an event took place that was unique in the annals of that organization. For the first time in the history of the R.N.A.O., and perhaps in Canadian nursing, a group of 23 male nurses, representing approximately one hundred registered in the province, gathered at a special luncheon meeting to discuss the particular problems facing their segment of the profession.

While earnestly desiring to encourage closer unity among male nurses engaged in various types of nursing throughout Ontario, this small but eager band assembled in the hope that, as a result of this long-overdue meeting, a way might also be found to stimulate more interest in the training of male nurses. Consequently, after an animated discussion period that was the highlight of the luncheon, a Male Nurses' Committee was formed. It was later approved by the Board of Directors of the R.N.A.O., thus assuring this new group of a direct channel of communication within the parent association. Needless to say, this precedent-breaking occasion aroused considerable interest in several quarters, in particular, among the members of the press whose assistance was invaluable not only in bringing the event to public notice but also in repairing the general lack of information regarding male nurses.

ALBERT WEDGERY

While this unusual gathering served the purpose of drawing male nurses together in a common interest, it could not fail to underscore their woefully small numbers in comparison with the overwhelming body of female nurses. This overpowering discrepancy is a clear indication that the training of male nurses has become almost negligible in this country for, with the exception of Ontario and Nova Scotia, it appears that no other province is making more than a limited attempt to attract men into schools of nursing.

Moreover, judging from the outcome of an inconclusive report of the Committee of Nursing Education of the Canadian Nurses' Association in 1948, which had set up a sub-committee to examine courses of study for the preparation of male nurses, little progress has been made in this direction since that time. Since World War II increasing numbers of men in Great Britain and the United States are entering the profession due to an enlightened policy of nursing education, but there has been a noticeable reluctance on the part of most Canadian schools of nursing to institute this training as one possible means of fulfilling the growing demands for nursing service.

This general unwillingness to establish a new trend in nursing prompts an important question: are the leaders of the nursing profession in Canada

---

Mr. Wedgery, who is chairman of the Male Nurses Committee of the R.N.A.O., is a member of the teaching faculty at the General Hospital, Oshawa, Ont.

## Confirmed again clinically[1] the remarkable

# safety-efficiency

## record in relief of

# constipation

## and teething

## gastrointestinal upset and malaise

# Baby's Own Tablets

Extensive newly completed studies verify the outstanding safety record and the efficiency of BABY'S OWN TABLETS. Patients ranged in age from 2 months to 24 months.

One large group of infants suffered constipation, another group intestinal disturbances and malaise, coincident with teething.

The result from the studies were as follows . . .

**ALL CONSTIPATED BABIES** were relieved with complete easing of straining at stool, gas discomfort, restlessness and crankiness.

**ALL TEETHING BABIES** suffering concomitant gastrointestinal disturbances and malaise were relieved except one. Disturbed sleep, restlessness, crankiness were relieved as well as anorexia and constipation when present.

**EMINENTLY SAFE** — "Throughout the study . . . in no instance was there any untoward reaction; no cutaneous eruptions or other allergic manifestations, no petechiae, no rise in rectal temperature, no alteration in cardiac and respiratory function, no vomiting or diarrhea, no oliguria, no albuminuria. No significant changes were observed in weight, growth, development or hemoglobin before and after the period of medication."

Pleasant, convenient BABY'S OWN TABLETS provide Phenolphthalein 3/16 grain, mildly buffered with Precipitated Calcium Carbonate 1/2 grain, and Powdered Sugar q.s.

Send for a sample supply and literature citing references.[1-12]

**G. T. FULFORD CO., LIMITED, Brockville, Ontario**

today, and those closely associated with its current needs and problems, making an intensified effort to reduce the existing shortage of nursing personnel by exploring all possible avenues of recruitment? Beyond a few experiments on a small scale, little or no endeavor is being made to attract men into a type of work that was, until comparatively modern times, shared by members of both sexes.

Apart from the tradition that has surrounded it during the last century, there is actually no justification for nursing to remain an almost exclusive female occupation. The record of history shows that through medieval times right up to a recent period, men belonging to religious brotherhoods and military orders assumed a large share of the nursing duties. If newer evidence is sought, it can be found in the experiences of the armed forces during World War II when it was proved that men who had not previously performed this work were able to give satisfactory bedside care. Naturally, all men do not answer the requirements of nursing, but as the number of potentially competent male nurses is large, an aggressive campaign directed toward the recruitment of this virtually untapped source would seem a sensible move.

However, before the nursing profession can hope to draw men in large numbers into schools of nursing, it must first face the problem of making the long period of preparation both palatable and profitable. Are the working conditions and rates of pay in nursing today, before, and after graduation, sufficient to attract a young man searching for a career? More than at any other period in the past, the recruitment of nursing personnel is strongly influenced by the conditions of employment and the rewards to be gained throughout and after the period of training.

While it is true that incentives in nursing should go beyond purely monetary considerations and insure particularly an opportunity to grow professionally, there can be no denying the fact that nursing is losing to competing occupations many capable individuals who are disenchanted by its incongruous position at the economic bottom of the professional ladder. In fact, many male nurses, dissatisfied with the anomalous situation of nursing in relation to other professional groups, have sought other means of livelihood that will guarantee them financial security to meet family responsibilities. Thus, if nursing today wishes to attract men who will accept it as a lifetime vocation, it will have to provide assurance of increasing professional prestige as well as greater economic protection in the form of long-range benefits.

Nevertheless, in this present era of tremendous hospital expansion, with its accompanying demands for larger numbers of qualified nursing personnel, schools of nursing across Canada are offered a splendid opportunity to create meaningful careers for young men. Up to the present time the training of male nurses has been almost entirely restricted to mental institutions. Perhaps some enterprising general hospitals, confronted with prevailing shortages of nursing staff, will rise to the challenge and investigate the possibilities of changing their training schools to coeducational establishments. By the adoption of realistic and far-sighted policies calculated to entice able and interested young men (and women) into satisfying careers, nursing will find itself competing with other occupations on a more equal basis. Furthermore, if considerable numbers of men could be persuaded to embrace nursing as a lifetime work, there is every likelihood that this influx would raise the income level of the entire profession.

Men have a significant role to play in Canadian nursing, but their contribution to its progress and development will remain inconsiderable until new and vigorous measures sweep away the barriers now preventing their entrance in larger numbers. In order to overcome the many difficulties of such a move, people with vision and initiative must give definite leadership to a forceful educational policy fraught with benefits to every branch of nursing. Once men are convinced that a career in nursing can be a rich personal experience while providing financial independence, it will be the dawn of a new and important phase in Canadian nursing.

# HERE THEY ARE!

## CAREFREE, COMFORTABLE UNIFORMS OF 100%

# ARNEL†

## SHARKSKIN

"Most comfortable I've ever worn; stays *white* after countless washings!"

"Wonderful! So easy to wash clean. They won't wrinkle, even on the dampest days."

**ARNEL is the new synthetic fibre so perfectly suited to nurses' uniforms. It offers a rich luxurylook . . . ideal opacity...and every easy-care quality you could ask for:**

- cool and comfortable in all seasons, because it 'breathes'
- carefree, washes in an automatic, dries fast, needs little or no ironing
- white *stays* white, resists soiling; uniforms of ARNEL always look fresh and neat, wrinkle-free after hours of wear!

**Left:** Style No. 2442. Raglan sleeve, pleated inset. Short and ¾ sleeve in sizes 12 to 44. About $11.98

**Right:** Style No. 2541. Convertible collar, action back. Short or long sleeves in sizes 12 to 44. About $10.98

*Available at department stores, and at your favorite uniform supply house.*

**MANUFACTURED BY LA CROSS UNIFORM CO. LTD. • 4530 CLARK, MONTREAL**

100% ARNEL sharkskin by Bruck Mills Ltd.

**CANADIAN CHEMICAL & CELLULOSE COMPANY, LTD.**

2035 Guy Street Montreal 25

†Reg'd Can. Trademark

# Life, Profession and School

SIR FRED CLARKE

*(Continued from July, 1956)*

First, then, as to *objectives*. The chaos about aims which now characterizes the educational field is but a reflection of the wider chaos that is paralyzing Western civilization as a whole. We seem to be passing through the profoundest moral and spiritual crisis that mankind has experienced since Greek times, and no man can say what will issue from it. I do not propose to go into its causes: they are a matter for the interpreter of modern history. Nor do I doubt that we shall come through: Western civilization is not going to collapse. Here, however, I ask you merely to take note of the fact itself, patent as it is to us all.

A solution of our deep and painful perplexities cannot come wholly from the educational end. But it must, very largely, begin there, and it can hardly come at all unless those who have charge of education achieve a pretty clear consciousness of the direction in which a solution is to be sought. The burden of the pioneer and the scout is thrown upon the educator today as never before. He cannot escape the responsibility for a leading part in the drastic revision and re-integration of Values that is called for, and in the building up of those stable and adequate *Standards* that we so sorely need. Even so, his power may not be equal to his vision; his reach may exceed his grasp. But that is hardly his fault.

Let me repeat that the root problem is moral and spiritual, one of the reconstruction of stable values, and of a sure discipline to achieve those values.

I should like to be allowed to illustrate our problem by reference to three books which, for me at least, when taken together, state the issue with a most helpful clearness.

The first is H. G. Wells' "Work, Wealth and Happiness of Mankind"; the second is Aldous Huxley's "This Brave New World"; and the third, D. H. Lawrence's "Apocalypse."

Mr. Wells' book is the last member of his trilogy on the foundations and prospects of our modern world, the other two members being his "Outline of History" and his "Science and Life." This latest book may be not unfairly described as a glorification of the practical ingenuity of man's intelligence and of the unlimited possibilities that lie open to his inexhaustible inventiveness. The note of the book is strangely reminiscent of the voice of King Nebuchadnezzar as he walked in the palace of the Kingdom of Babylon: "Is not this great Babylon that I have built for the house of the Kingdom by the might of my power and for the honor of my majesty?"

We know what the consequence of that performance was, but Mr. Wells shows no sense of it at all in the analogous case. The prospect he paints is that of a vainglorious and rather vulgar Triumph of Technique. Witness, for instance, the snap and click of the highly polished "Efficient" Parliamentary system that he devises. The crucial word "Happiness" occurs in his title, but it is nowhere defined in the text, nor does it occur in the index. Neither does the word "Character." We are left to assume that the Triumph of Technique *is* Happiness, and Art, Poetry, Literature are handled in a very brief section where they are treated as the expression of man's superfluous energy.

Salvation comes, therefore, through engineering! Yet, inadequate, and indeed degrading, as the Wellsian conception is, it, or something very like it, serves as a seemingly satisfying ideal to many at the present time.

Aldous Huxley's "This Brave New World" is a biting study of the Wellsian ideal come true. Science and technique and the calculating intellect have triumphed: war and disease, poverty and maladjustment are no more: even the pangs of birth and the risk of misfits have been circumvented by elaborate prenatal treatment which utilises all the latest in biochemistry.

**The Quick, Sure One-Treatment Method for HEAD and BODY LICE**

for your patients . . . recommend

# Cuprex

TRADE MARK REGISTERED

FOR THE ELIMINATION OF LICE

*Literature available on request.*

A MERCK PRODUCT

**Cuprex** kills all lice and nits in one fifteen-minute treatment.

**Cuprex** is non-irritating.

**Cuprex** is non-sticky.

**Cuprex** is economical to use.

**AVAILABLE IN 3 OZ. BOTTLES AT ALL DRUGSTORES**

MERCK & CO. LIMITED

*Manufacturing Chemists*

MONTREAL · TORONTO · VANCOUVER · VALLEYFIELD

To utter the word "father" or "mother" is now the height of obscenity.

All the ills and disagreeables have disappeared. But so also have all the deeper satisfactions. There is no friction, no striving, no rising from the ashes of failure to new efforts at self-making. Poetry has sunk several grades below doggerel, and music has disappeared to give place to direct titillation of animal feelings.

The intrusion into this world of a savage, who has, by accident, got hold of a neglected Shakespeare, causes a riot and, incidentally, gives Mr. Huxley the chance to say what he thinks of it. The whole thing may be summed up as: *Pigs*, without even the excuse of dirt.

Whatever one may think of the details, the moral of it all is clear. The conquest of war and disease and poverty is not the end of our problem, but the beginning of it. When we have got thus far we shall be faced more nakedly than ever with the inescapable problem of the Art of Life itself. Man can use science to conquer ills; but he can also use it to condition himself so as to become quite insensitive to the whole range of what we used to call the "higher" values. Is he to describe as "Happiness" the well-washed but brutish contentment that might ensue? Is it not rather the case that Beastliness plus the clinic and the bathroom is Beastliness still; if anything rather worse than the primitive unwashed kind?

That seems to be Mr. Huxley's moral, and some current tendencies in life and education seem to be not a little concerned in it.

The third book, D. H. Lawrence's "Apocalypse" is the profoundest of the three. It is such a passionate unity and it makes such efforts to use language to express the inexpressible that quotation is hardly possible. But its general burden is plain. Lawrence puts his finger on the overgrowth of the inventive intellect — the Logos, as he calls it — as the root cause of our modern disease. His own self-torment in the search for a remedy should warn us that the quest is not easy. Also it is full of danger, as Lawrence's own writings show. Fullness of Life is made to look like a perilous walk along a sort of knife-edge with a chasm of beastliness on either hand, that of Caliban on the one side and that of Babylon on the other. But there is good Christian precedent for such a view, without involving ourselves in the negations of Puritanism.

For our present educational purpose it may be enough to say that what we are faced with is the need for an infinitely delicate and pliable *discipline*, that can be diversified and variable in its play just because it is so sure of its end, and that can guarantee freedom and fullness without falling into sophistication. I want to stress this word "Discipline," as the necessity for it seems to follow from all that has been said about the lack of true and adequate standards and the chaotic operation of false and inadequate ones. Reach agreement upon standards and the discipline follows. Hence I think it is not untimely to state our problem as one of the Reconstruction of Discipline. The point is important in the present connection just because of that peculiar *representativeness* of nursing which I have already emphasized. The nurses' professional *expertise* will be a poor and shrivelled thing — it may even be a dangerous thing — unless it springs from and is rooted in a large and liberal human discipline such as we are now contemplating. She is the representative of a culture as well as the bearer of healing, and she cannot well represent what she has not learned to possess.

Now this word "Discipline" is not popular today, I know. But that is largely because of the company it has kept in the past. When we hear it we think of its old, unpleasant associations without pausing to analyze its real and necessary content. But to purge and reform the concept is one thing: to throw it away is quite another thing, as calamitous as the proverbial throwing away of the baby with the bath. For all education that is not a blind and cowardly surrender to whim and impulse is discipline. It involves always a choosing of this rather than that; it is indeed one long series of choices of the better over the worse. Where there is choice there is a standard, explicit or implied, and that standard is conceived in terms of the good of the disciplined one. The old

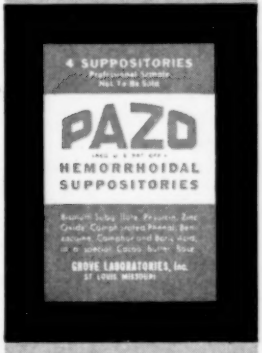
*Today's foremost adjunct*
*in the treatment of hemorrhoids*
*and related anorectal conditions*

# New Stainless PAZO

*Ointment and Suppositories*

The effectiveness of New *Stainless* Pazo for symptomatic relief of the pain and swelling of hemorrhoids, and other disorders of the proctologic area, has been established in clinical tests. Patients appreciate the comforting relief and, in cases where home treatment is indicated, the ease of administration, and the stainless quality of Pazo.

New *Stainless* Pazo Ointment and Suppositories are now available at Pharmacies throughout Canada. For a Professional Sample, and a copy of "Notes on the treatment of Hemorrhoids, Proctitis, Cryptitis, Anal Fissure" mail the coupon below.




**GROVE LABORATORIES, Inc.,**
**Dept. C.N., 8877 Ladue Road,**
**St. Louis 24, Missouri.**

NAME .....

ADDRESS .....

CITY ..... PROV. .....

6472

discipline erred in method rather than in end. It took too little trouble to secure an *internal* discipline, to identify the positive will of the pupil with the aims of the tutor, and so with his own good. For it, the will of the pupil was the obstacle, not the hope. John Wesley, when he urged an anxious mother to "break the child's will" at all costs, was wholly benevolent in his intention; we can hardly say he was wise in his method.

What we have to do with the concept of discipline, therefore, is to revise its method, not to throw it away. It is by no means the only example of a salutary idea that is apt to be thrown away in these heady and over-sentimental times just because of past prejudices and because we lack either the wit or the will to make a right use of it.

Our notion of a Reconstruction of Discipline implies, then, a comprehensive ideal of self-building that will give to both individuals and society a satisfying moral and spiritual *shape* within which all the fullness of diverse human possibilities can be realized. The Greeks had such an ideal of shape — within limits. Medieval Christendom had one too, also within limits. But the course of the last few centuries of history has been all against any reconstruction of it. Yet it is what we are all fumbling after in blind and somewhat perverse fashion. If ever we do again achieve some approach to such an ideal it will have to be something far richer and wider than any such ideal has been in the past. For it will have to cover a much wider range of human possibilities; it will have to include and provide for a vast number and variety of individuals; above all, it will have to provide for a discipline that is freely accepted, positive and *internal*, if it is to satisfy modern man.

But we must achieve it if we are to educate at all with effectivenes and confidence. Without it, education becomes either the application of false disciplines to distort a natural humanity, or a sprawling, shapeless, aimless thing with no discipline at all and hiding its real nature under a mush of uncritical sentimentality about "Freedom."

When it becomes possible again to apply in Education a full concept of Discipline, fearlessly and confidently, we shall see a considerable shifting of emphasis among current ideas. Thus there will be less of problem-solving and more of the heightening of sensibility and awareness; less of interest-following and more of willing and choosing; less of the group-activity and more of the contemplative self; less of either license or prohibition and more of self-restraint; less of endless invention and "re-making" and more of absorption in and attunement to an ideal that finds expression all around. We shall move, that is, away from a misunderstood Rousseau towards a better understood Plato. We shall depend less upon things and more upon ideas; we shall gain in quiet sensitiveness without losing in eager curiosity.

If we can restore a large and liberal conception of Discipline in this sense our problems of vocational education will be solved in so far as their solution depends upon an adequate preliminary general training. Where all are trained to respond actively and sensitively to the values of a rich common ideal, with a training which runs less risk than ours does today of degenerating into an aimless and meaningless scholastic ritual, the subsequent vocational preparation will have in view not the *compartmentalizing* of a little special corner of the common life, but the expression of the common life as a whole through one of its typical functions. The thought is quite platonic in spirit. The nurse is the community nursing; the teacher is the community teaching; the tailor or cobbler the community patching; and so on. In our present divided, chaotic, undisciplined state the thought may seem visionary enough. Nevertheless, the attainment of something like it is the key to the true solution of all our problems of educational objective.

My reason for dealing thus fully with this fundamental matter of a General Discipline should now be sufficiently clear. The picture would be wholly incomplete without it. I have been struck by the emphasis that experienced nurses themselves place on this matter of general education. They realize, I think, that nursing does not

For the well-being
of your patients

# TAMPAX

intravaginal protection
during menstruation.
*Three absorbencies.*

CANADIAN TAMPAX
CORPORATION LIMITED
Brampton, Ontario

take place "in vacuo" as it were. It involves close and peculiar contact with human beings in a condition of peculiar need, and the strenuousness and tension which are involved in its pursuit call for a personality that is peculiarly rich in inner resources and the means of preserving balance and sanity. In a word, it calls in a pre-eminent degree for just those refined and developed human traits that it is the business of liberal education to provide. Do I not claim rightly that no better and more representative field for testing out our principles can be found than this of the education of nurses?

*(To be concluded next month)*

---

Agricultural scientists have developed a machine that sterilizes fresh vegetables and fruit so that they stay fresh for extended periods without any need of refrigeration. The device is called a cathode ray machine. It is used to irradiate the vegetables. In one experiment, researchers found that beans, treated with rays from the machine, had a much longer period of freshness than ordinary beans or even those kept in refrigerators. The machine can also kill insects in grain without harming the grain. This means, according to the researchers, that wheat and corn, for example, can be preserved in storage places much longer than ever before, without the losses caused by the depredations of insects.—(ISPS)

Chlorpromazine, a valuable sedative in the treatment of mental illness, is converted in the body into a substance which may have even greater value. The new compound is known as chlorpromazine sulfoxide. It appears to exert the same tranquillizing effects as the parent drug but seems to lack at least one of the undesirable effects — production of postural hypotension. This side effect was extremely objectionable to patients taking chlorpromazine for long periods of time. At the present the new derivative is still in the stage of animal experimentation but clinical trials on humans are planned in the near future.

— U.S. Dept. of Health, Education and Welfare

## In the Good Old Days

*(The Canadian Nurse* — August, 1916)

The most usual practice, when applying saline dressings to an infected wound, is to place a thick packing of dry cotton-wool immediately next to the wet dressing. The idea seems to be that the cotton-wool will soak up the discharges and by its capillarity and the evaporation from its outer surface reinforce the drawing action of the salt. In point of fact, however, all the cotton-wool does is to suck out some of the salt solution from the dressing and evaporate this, thus putting a certain quantam of salt out of action.

The rational method of covering wet saline dressings is to apply an impermeable covering. Then the salt solution, instead of evaporating, will be carried inward. Use cotton-wool outside the jaconet.

* * *

A new pattern has come into use in the teaching of surgery that is indeed novel and interesting. Outstanding surgeons can now operate before moving picture cameras so as to show the whole technique. Thus committed forever to the film, any one may project any part of the event on a screen simply by turning a handle.

* * *

In at least one town in Ontario there has been an epidemic of poliomyelitis. Every case must be quarantined for six weeks and all children who have been in contact with the patient quarantined for two weeks.

* * *

An insect in the ear may cause great alarm. The easiest way to remove it is to fill the ear with warm water. As a rule, within ten minutes the insect floats to the surface. Another way is to smoke the intruder out by blowing a steady stream of tobacco smoke into the ear.

* * *

On Friday, June 16, the nurses present at the C.N.A. convention discussed an im-

# NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

## OPPORTUNITIES FOR REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, and NURSING ASSISTANTS or PRACTICAL NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic and North-West Territories.

## SALARIES

(1) Public Health Nursing Supervisors: up to $4,620 depending on qualifications and location.

(2) Directors of Nursing in Hospitals: up to $4,620 depending on qualifications and location.

(3) Public Health Staff Nurses: up to $3,600 per year depending on qualifications and location.

(4) Hospital Staff Nurses: up to $3,420 per year depending upon qualifications and location.

(5) Nursing Assistants or Practical Nurses: up to $185 per month depending upon qualifications and location.

• Room and board in hospitals — $30 per month. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-medical and superannuation plans available.

• Special compensatory leave for those posted to isolated areas.

For interesting, challenging, satisfying work, apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver 10, B.C.

(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.

(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.

(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

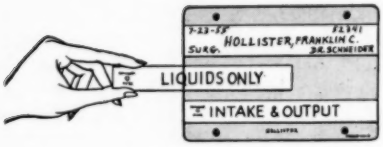
(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

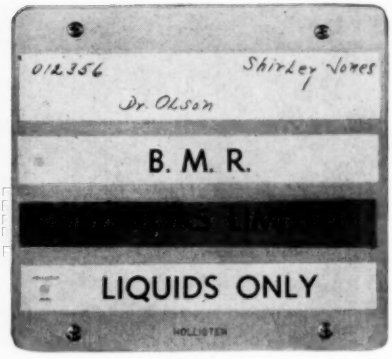
(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.




## 10-Second Way to "write" a Reminder




Quality Bed Signs by HOLLISTER

. . . So much easier, so much more efficient, *and so beautiful* . . . nurses, doctors, administrators, *and patients, too,* welcome these translucent non-breakable signs with the bright colored plastic coated cards.

## Prove it for yourself!

Bed Signs Can be Beautiful

*A postcard or letter will bring FREE booklet and trial Bed Sign demonstration offer. Send for it now without obligation.*

*Write today to —*

**Franklin C. Hollister Company**
**833 N. Orleans St., Chicago 10, Illinois**


portant question — the advisability of the Association purchasing *The Canadian Nurse* and publishing it as the official organ of nursing affairs in Canada. The Association has decided to purchase the publishing rights to the magazine. Miss Helen Randal a graduate of Royal Victoria Hospital, Montreal, who has been superintendent of nurses of the Vancouver General Hospital for the last four years, has been appointed as the new editor of the magazine.

## Canadian Nurse Award

Presented first in 1951, *The Canadian Nurse* award was offered to the student in the graduating class of each school of nursing in Canada, selected as showing "the greatest promise of professional development", and took the form of a two-year subscription. In those provinces where graduates received the *Journal* through their registration fees, a cash award was substituted. As the provinces have, one by one, voted to include the *Journal* in the provincial fee, requests have been received for permission to present the award to a preliminary student when she is capped. This pattern has been authorized and permission further extended for schools to apply for a one-year subscription for the best student in each class, where two classes are accepted in a year. As an alternative the student achieving highest standing in the theory and practice of nursing during her first year may be selected. This is proving to be a very popular method of presentation.

Miss Margaret Ann Wall of Hotel Dieu Hospital, Windsor, Ont., is shown receiving *The Canadian Nurse* award from Mrs. J. P. Kelly, registrar of the Windsor Nursing Registry. With them is Miss Frances Horvath who was second in line for the award.

The award is also open to the outstanding members of graduating classes from approved schools for psychiatric nurses and nursing assistants. In this instance, a one-year subscription is awarded annually to the graduate achieving the highest standing in the theory and practice of nursing.

To date this year, the award has been presented to 102 girls. Since its inception, 641 nurses or nursing assistants have been recipients. In this way, potential leaders in the nursing profession and its related branches are brought into early and close contact with their professional journal and, through this medium, with the aims, activities and accomplishments of their professional organizations.

## Ontario

The following are staff changes in the Ontario Public Health Nursing Services:

**Appointments** — *Hermance Buykes* (Wilhelmina Gasthuis, P.H. Nursing Amsterdam, Holland) to the London Dept. of P.H. *Kathleen Terrill* (Hamilton Gen. Hosp., Univ. of Toronto) to the Northumberland and Durham Health Unit. *Kathleen (Moore) MacGregor,* (Montreal Gen. Hosp. P.H. Nursing, McGill Univ.) to the Ottawa Board of Health. *Donna (McDonald) Southcott* (B.Sc.N., U. of T.) from the London Dept. of Health, to the Scarborough Township Board of Health. *Helen (Elliott) Kennedy,* (Hamilton Gen. Hosp., U. of T.) to the York Township B.H.

**Resignations** — *Mary (Lefave) Lindsay,* from the East York-Leaside H.U. *Ruth (Neilson) Roszell* from the London Dept. of Health. *Mary Ankcorn* from the Oshawa B. H. *Jessie (Renton) Campbell* from the Sault Ste. Marie B.H. *Arnoldina Petit* from the Toronto Dept. of P.H. *Noreen Heath* from the Windsor Dept. of Health.

# News Notes

### ALBERTA

DISTRICT 3

CALGARY

Rededication services held in May had a total attendance of 200 members. A special meeting of the chapter was called to discuss

*pain banishes beauty*

Veganin

*the tablet with the "V"*

*brings relief*

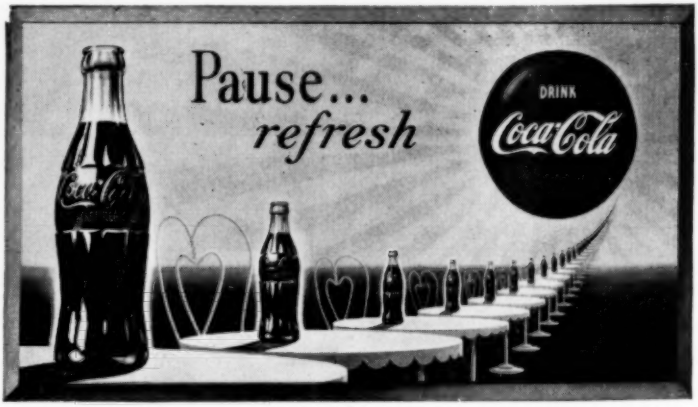
No woman can maintain her poise and beauty when pain occurs. Veganin will help you to prompt, welcome relief, not just at specially difficult times, but every time pain occurs.

Veganin contains no caffeine . . . there is no attendant drowsiness.

Veganin provides "Stronger" relief since it contains approximately 8 grains of anti-pain medication. Recommended by physicians and dentists. Available in handy tubes of 10's and 20's for pocket or purse.

WARNER-CHILCOTT

Laboratories CO., LIMITED, TORONTO, CANADA




Each frosty bottle tells you why the tingling, delicious goodness of Coca-Cola is so refreshing — so welcome everywhere.

COCA-COLA LTD.

the proposed revision of bylaws prior to the annual provincial meeting. About 60 members attended the meeting with Miss A. Fallis, presiding.

### *General Hospital*

Miss F. Moore presented a report of the discussions and decisions proceeding from the annual provincial convention at a box-lunch supper meeting of chapter members. A 3-act play entitled "The Patient" followed the business session and illustrated the different fields of nursing involved in the care of one patient. The health and social agencies available to help a patient before, during and after surgery were highlighted.

## District 7

### Edmonton

### *University of Alberta Hospital*

An "At Home" tea and sale of home baking initiated the year's activities of the alumnae association. A painting as a memorial to Miss Helen S. Peters was presented to the hospital and placed in the nurses' residence. Plans are underway for a rummage sale to be held in the fall.

### Stony Plain

Mrs. E. Lynes, a new member of the Health Unit, was welcomed to the chapter. M. Story represented the group at the Biennial Convention. Mrs. C. Robertson, one of the chapter members, has moved to Edmonton. Mrs. C. R. Wood, a member of the Alcoholism Foundation was guest speaker at one of the meetings. Members were invited to visit the Foundation. The film "A Day in the Life of a Cerebral Palsied Child" was shown on another occasion. In September a dinner meeting is planned that will be held in Edmonton.

## BRITISH COLUMBIA

### Chilliwack

As a special project, chapter members conducted a drive to procure articles of clothing, cosmetics and jewellry which were donated to Essondale Mental Hospital. Miss J. Keith an exchange teacher to Australia showed slides and gave an interesting description of her experiences while in that country. Congratulations are in order for the all-nurse curling team skipped by E. Gibbons which once again won the trophy of the Business Girls Curling Club. Members elected to executive office for the cur-

rent year include I. Brown, pres.; E. Reid, sec.; K. Crowley, treas.

### Cranbrook

Dr. C. MacLean, director of Kootenay Travelling Clinic, addressed the members at a spring meeting. Mrs. C. Kram was the official delegate to the provincial meeting. Mrs. K. Johnson has returned after spending some time in Port Alberni.

## South Fraser Chapter

### Ladner

Forty-nine members and guests enjoyed a dinner meeting early in June. Among the guests were former bursary winners and their mothers. The annual bursary was presented this year to Doris Charlton, a student at the Royal Columbian Hospital.

Mr. P. Kinvig, a school principal and music consultant, presented an interesting program on music appreciation.

### Penticton

Miss A. Houlton, C.A.R.S. representative, discussed "Physiotherapy Treatments" in the care of the patient with arthritis or rheumatism at a chapter meeting. Members of the Future Nurses' Club have attended a meeting as part of their program of orientation to nursing.

### Vancouver

*St. Paul's Hospital*

The annual meeting of the alumnae association was held in June. Mrs. Collishaw presented a detailed report of the provincial meeting. Guest speakers at the convention were Professor N. A. Hall, School of Commerce, U.B.C., who discussed job analysis techniques as related to nursing, and Miss Pearl Stiver who described her trip to Turkey and, in her final address, spoke on "Togetherness" in the life of an organization. Plans are being made to hold a class reunion for the graduates of 1952 in September.

The dance in honor of this year's graduating class was both a social and financial success. F. McGeachie has completed a course in supervision in public health nursing at the University of Toronto. She is attached to Burnaby V.O.N. The class of 1925 held a reunion early in the year with 10 members present. Coming from a distance were Mrs. K. Wallace and Mrs. J. MacPherson.

## Vancouver Island

### Ladysmith

Dr. J. W. Neville opened the Florence Nightingale Tea in the spring. Mrs. H. Steele, president, convened the tea and welcomed the guests. A home cooking stall under the direction of Mrs. J. Mitchell and M. Tassin met with considerable success.


**Plan now for your tour in connection with the**

**INTERNATIONAL CONGRESS**

**ROME**

**May 1957**

In cooperation with the C. N. A., Cook's are planning a wonderful program of Europe Tours, in conjunction with the great Congress next spring. Information and reservations are available through the C. N. A.

**THOS. COOK & SON**
(Continental & Overseas) Ltd.

Montreal: 1241 Peel St....Toronto: 94 Adelaide St., W....Calgary: 702 2nd St., W. . . . Edmonton: 10039 Jasper Ave....Vancouver: 625 W. Pender St. . . . Winnipeg: 224 Portage Ave.

# SINCE 1916 –

Denoyer-Geppert Company has been serving needs of educators who want truly effective visual teaching tools. Forty years of experience is invaluable in the careful design and production of educational equipment for nursing schools. This experience is reflected in the distinctive qualities of good appearance and durability that characterize D-G products.

To be sure of getting highest quality plastic models, wall charts, skeletons, and related nursing education aids, deal with

## DENOYER-GEPPERT COMPANY

5251 Ravenswood Avenue — Chicago 40, Illinois

*Contact our Canada Representatives:*

**Alberta:** Miss Jessie Casselman, # 202 - 1519 Beach Avenue, Vancouver, B.C.
**British Columbia:** L. C. Hill, 2828 Broadway, Seattle 2, Washington.
**Maritime Provinces:** C. M. Knowlton, 147 Granville Avenue, Halifax, Nova Scotia.
**Ontario and Manitoba:** Jack Hood School Supplies, 91 Erie Street, Stratford, Ontario.
**Quebec:** C. R. Senecal, 3288 Van Horne Avenue, Montreal, Quebec.
**Saskatchewan:** Commercial Printers, Ltd., 1935 Albert Street, Regina, Saskatchewan.


Mrs. A. Quayle and Mrs. M. Duncan were in charge of a special "Kiddies Korner." The prevention, treatment and rehabilitation of poliomyelitis was ably demonstrated in a display prepared by H. Fulmore and L. Hamilton. A large number of nurses from this chapter attended the closing session of the provincial convention.

### Williams Lake

Two current nursing and medical problems — Staphylococcus *aureus* infections and wood tick bites — were discussed at one of the regular chapter meetings. The research being to eliminate staphylococcic infections in one hospital was described by two public health nurses. The symptoms and treatment of wood tick bites were discussed by Mrs. Kaloor.

## MANITOBA

### St. Boniface

#### *St. Boniface Hospital*

Mrs. R. H. McNaughton, Sr. Superior Jarbeau, Sr. Clermont and Sr. Martel welcomed guests to the annual alumnae tea. A sale of home cooking, handicrafts and a raffle helped to swell the proceeds. The money obtained was used to increase the scholarship fund.

### Winnipeg

#### *General Hospital*

Nearly 300 nurses attended the alumnae association dinner and dance in honor of the 1956 graduating class. During the evening a cheque for $1,000 was presented to the hospital and accepted by Dr. Coppinger, superintendent, for use in furnishing the library of the new residence. This represented one-third of the amount pledged by the alumnae association. A roll call of classes revealed the presence of graduates of the early 1900's. Thirty members chose the occasion to celebrate their 25th anniversary and 40 graduates of 1946 enjoyed a reunion. The guest speaker was Rabbi Milton Aaron of Shaarey Zedek Synagogue. The toast to the graduating class was proposed by Dr. T. E. Cuddy and was responded to by T. Skagfjord.

The new graduates were also honored at a reception held in Government House. Miss M. E. Cameron, director of the school of nursing, received with Mrs. J. S. McDiarmid, chatelaine of Government House. Lt.-Commander L. E. Avery and A. W. Everett, aides-de-camp to His Honor the Lieutenant-Governor, were in attendance. The climax of graduation activities was reached with the exercises held in Knox United Church. J. Burton Thomas, Dean of Rupertsland was the guest speaker.

Miss Isabel Stewart, Professor Emeritus

of Nursing Education, Teachers College, Columbia University opened a tea and sale of work sponsored by the alumnae association. She later addressed a special meeting on "The Future of Nursing."

## NEW BRUNSWICK

### SAINT JOHN

Members of the local chapter will be hostesses for the annual provincial meeting in October. A short play "For Those who Follow" was enacted at one of the regular meetings illustrating some of the general ideas held by the public on the subject of tuberculosis and emphasizing the importance of public education. D. Byers presented a general outline of projected plans for student affiliation in tuberculosis. Miss L. Smith, vice-president of the N.B.A.R.N. was a special guest on this same occasion. Miss Hoosier was named official delegate to the Biennial Convention in June.

### *General Hospital*

A life membership in the alumnae association was conferred upon S. Wetmore for her invaluable leadership of the committee that assembled a history of the hospital and school of nursing. This text is now ready for sale with M. Moore in charge of distribution. Many friends of the school of nursing attended the ceremony which opened the new wing of the nurses' residence. The president and board of commissioners sponsored a reception in honor of the new graduates of 1956 following their graduation ceremony.

### *Saint Joseph's Hospital*

Dr. T. E. Grant addressed the graduating class on the occasion of their graduation ceremony. The valedictory was given by Nancy Wedge. Diplomas were presented by Rev. A. B. Leverman, Bishop of Saint John. Prize winners included N. Wedge, highest in theory and medical nursing; E. McNeil, general proficiency; D. Joseph, Christian doctrine; P. Ballard, medical ethics; H. Denny, professional ethics. Sarah B. McNeil received her Bachelor of Science in Nursing from St. Thomas University, Chatham. N. Belliveau has joined the staff.

## ONTARIO

### DISTRICT 2

### WOODSTOCK

Approximately 100 members attended the spring meeting of the district held in Woodstock. Mrs. J. D. Taylor addressed the members at the afternoon session on the aims of adult education. Mrs. A. Jameson, guest speaker of the evening, chose as her topic "The Key Men of Asia" and described present Asiatic political conditions. A donation of $25.00 was forwarded to the Greek Red Cross Society.

**TEST POOL EXAMINATIONS**
FOR
**REGISTRATION OF NURSES**
IN
**NOVA SCOTIA**

To take place on October 17, 18 and 19, 1956 at Halifax, Yarmouth, Amherst, Sydney and New Glasgow. Requests for application forms should be made at once and forms **MUST BE** returned to the Registered Nurses' Association of Nova Scotia **not later than September 17, 1956,** together with:—

(1) ***Diploma of School of Nursing***

(2) ***Fee of Ten Dollars ($10.00)***

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six (6) weeks of completion of the course of Nursing.

**NANCY H. WATSON, R.N. REGISTRAR**
**THE REGISTERED NURSES' ASSOCIATION OF NOVA SCOTIA**
**301 BARRINGTON STREET, HALIFAX, N.S.**

SMOKE
Player's
"MILD"

THE
MILDEST
BEST-TASTING
CIGARETTE

## District 3

### Kitchener

*Kitchener-Waterloo Hospital*

Miss Helen G. McArthur was the guest speaker at the graduation exercises held in mid-June. Fourteen new graduates received their diplomas and pins from Miss Rahno Beamish, director of nursing and Dr. Deborah Glaister, school physician. N. Reist received the award for general proficiency, G. Bickle obtained the prize for highest standing in theory and M. Roblin won highest honors in tuberculosis nursing and also received *The Canadian Nurse* award for professional development. The valedictory address was given by K. Pauls.

## District 4

### Hamilton

*General Hospital*

Mrs. Mary Evenden, a teacher from the Easthaven School for Retarded Children gave a most interesting account of the activities of the school at a recent alumnae meeting. Colored slides illustrated her remarks most effectively. W. Pinkney gave an able summary of her activities as official delegate to the R.N.A.O. annual convention. Of interest to alumnae members and other graduates is the announcement that "The History of the Hamilton General Hospital School of Nursing" prepared by Mrs. Marjorie F. Campbell is now available for sale.

Early in June the graduating class of 1956 and their mothers were guests of honor at a "Mother and Daughter Tea" held in the nurses' residence. Graduation exercises were held in the Temple Building of the Scottish Rite Club with Dr. W. J. Deadman as guest speaker. Dr. Deadman retired this year from his position as Director of Laboratories and city pathologist after 42 years of invaluable service. Pins and diplomas were presented to the graduates by Miss G. Watson, a graduate of 1894.

## District 5

### Toronto

*Hospital for Sick Children*

Members of the graduating class and their mothers were guests of honor of the alumnae association at a tea early in June. Mrs. C. I. Junkin, Miss J. Masten, director of nurses, Miss M. Gibson and Miss Waddell received the guests. Plans are progressing for the annual Christmas luncheon to be held early in December. Out-of-town members are assisting in this project by contributing handmade articles and other gifts as well as cash donations.

*St. Michael's Hospital*

M. Dunlop and L. McCusker have joined the staff of the Vancouver General Hospital. E. Barrett is working in St. Vincent's Hospital, Vancouver. M. Hartibese is the nursing arts instructor at St. Mary's Hospital, Timmins. C. Maddaford is Regional Director of the Northern Area with the V.O.N. A. Metzler, who is a matron of the R.C.A.M.C., attended the University of Alberta, Edmonton this year. M. Pallett is the matron at the Army hospital, Shilo, Man. J. Paloschuk is on the staff of Harper Hospital, Detroit. M. Godin has joined the staff of the Ottawa Public Health Department after successfully completing her public health nursing course at the University of Ottawa.

*University of Toronto School of Nursing*

"Fatigue in Women" was the subject chosen for an address by Dr. Marion Hilliard at a meeting of the alumnae association early in the year. A large number gathered in Cody Hall to hear this very dynamic speaker. At a subsequent meeting members were made aware of their responsibilities for promotion of mental health as Dr. R. Gerstein outlined them in "Mental Health — A Challenge in Nursing." A successful theatre night improved the financial standing of the association substantially under the capable direction of Mrs. S. Morris and Mrs. S. Stephens. The graduating class of 1956 enjoyed a tea given in

their honor as part of graduation festivities.

## District 8

### Ottawa

*General Hospital*

A memorial service was held in the chapel early in May. Members of the alumnae executive were hostesses at a tea held early in June in honor of M. T. Belliveau, a past president of the association. Miss Belliveau was presented with a gift in appreciation of her work.

*Lady Stanley Institute*

The annual meeting of the alumnae association was held at The Royal Ottawa Sanitorium. Mrs. C. H. Port gave an interesting report regarding her work on "The Book of Remembrance."

*St. Luke's Hospital*

Members of the alumnae association enjoyed an interesting program at their annual dinner early in June.

## District 12

### Kirkland Lake

Over 70 nurses attended the fifth annual meeting of this district representing Tritown, Porcupine, Northland and Kirkland Lake. Members were welcomed by Reeve H. Cooper, Dr. J. S. Jamieson of the local Medical Society and Miss E. Irwin, Chapter president.

Mrs. G. Loosemore, district president, emphasized the need for examination of our attitude towards nursing to determine if everything possible is being done to bring about its advancement. The guest speaker Miss M. Pearl Stiver, was introduced by Miss S. Coutts, matron of the Kapuskasing hospital. Miss Stiver discussed the factors affecting nursing suggested by the monogram, "C.N.A. — construction, nurses, aims and activities."

## PRINCE EDWARD ISLAND

### Charlottetown

A three-day institute sponsored by the district association provided interested nurses with an opportunity to hear about and see techniques of nursing in maternal and child health. Lectures and demonstrations were given under the direction of Miss B. Rowland, Nursing Consultant with the Department of Health. The effect on nursing of modern developments in drug therapy was the subject of a panel discussion led by Sr. M. Patricia, surgical nursing supervisor of the Charlottetown Hospital. The significance of staphylococcic infections in general hospitals was the subject of a joint address by Dr. H. Shaw, Director of Medical Laboratories, and F. W. Jelks, Ph.D., provincial bacteriologist.

**MONTREAL NEUROLOGICAL INSTITUTE**
**McGILL UNIVERSITY**
**GRADUATE COURSE**
*in*
**NEUROLOGICAL AND NEUROSURGICAL NURSING**

**Classes: Feb. 1 & Oct. 1**

Complete maintenance or living out allowance. General staff salary after 2nd month.

*For information apply:*

MISS E. C. FLANAGAN, B.A., R.N.
Director of Nursing,
3801 University St.,
Montreal, Que.

**THE MOUNTAIN SANATORIUM**
HAMILTON, ONTARIO

**TWO-MONTH POSTGRADUATE COURSE IN THE IMMUNOLOGY, PREVENTION & TREATMENT OF TUBERCULOSIS.**

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

*For further information apply to:*

**Director of Nursing, Mountain Sanatorium, Hamilton, Ontario.**

## SOUTHWEST REGIONAL HOSPITAL COUNCIL

Graduate nurses are invited to the prairies to nurse in the southwest of Saskatchewan, a centre of wheat growing & ranching. Vacancies exist at the following hospitals:—

**EASTEND UNION**
2 G.D. Nurses $230 - $260

**LEADER UNION**
2 G.D. Nurses $230 - $260

**GULL LAKE UNION**
1 MATRON $295

**PRELATE UNION**
2 G.D. Nurses $255

**HERBERT-MORSE UNION**
1 G.D. Nurse $225 - $255

**SHAUNAVON UNION**
1 G.D. Nurse $255

Further details of excellent conditions of service may be obtained from the Director of Nursing at the individual hospital or from the undersigned:—

**PHILIP RICKARD, REGIONAL HOSPITAL CO-ORDINATOR,**
**SWIFT CURRENT, SASKATCHEWAN**


The provincial association of nurses announced the adoption of the National League for Nursing Evaluation Service. State Board Test Pool Examinations were used for the first time in July.

The care of the mother during the prenatal period and of the infant immediately following birth was demonstrated and discussed intensively at a four-day refresher course directed by Miss Esther Robertson, Nursing Consultant, Dept. of National Health and Welfare and Miss B. Rowland. Public health nurses and instructors from all hospitals attended. Topics ranged from nursing responsibilities in regard to family health counselling through preparation for childbearing and delivery to health supervision and teaching opportunities. A number of films were shown which added even more interest to the well organized and planned program.

### *Prince Edward Island Hospital*

The 63rd graduation ceremony was held in The Prince of Wales College Auditorium. Twenty girls received their pins and diplomas from Mrs. Lois MacDonald, superintendent of nurses, and His Honor, Lieutenant Governor T. W. L. Prowse. Dr. J. W. MacKenzie presided and the address to the members of the graduating class was given

THAT ALL UNIFORMS CLOTHING AND OTHER BELONGINGS ARE MARKED WITH

**CASH'S Loomwoven NAMES**

Permanent, easy identification. Easily sewn on, or attached with No-So Cement. From dealers or CASH'S Belleville 5, Ont.

CASH'S: 3 Doz. $1.80; 9 Doz. $3.00; NO-SO NAMES: 6 Doz. $2.40; 12 Doz. $3.50; 25c per tube

## NURSES

**ALL CATEGORIES**

Required

To meet expanding service

Kingston General Hospital

**Kingston, Ontario**

*Direct enquiries to:*

**DIRECTOR OF NURSING**

# THE NEW YORK POLYCLINIC

**Medical School and Hospital (Organized 1881)**

•

***The Pioneer Postgraduate Medical Institution in America***

•

*We announce the following Courses (Six Months' Duration) for Qualified Graduate Nurses:*

No. 1. Operating-Room Management and Technic.

No. 2. Medical-Surgical Nursing — Supervision and Teaching.

No. 3. Organization and Management of Out-Patient Department

(Clinics in all branches of Medicine, Surgery — including Industrial Nursing — and Allied Specialties).

Courses include: lectures by the Faculty of the Medical School and Nursing School; principles of teaching ward management; principles of supervision; teaching and management of the specialty selected. Positions available to graduates of these courses. Full maintenance is provided.

*For information address:*

**The Directress of Nurses, 343 West 50th Street, New York City 19**

---

## GRADUATE COURSE IN EYE, EAR, NOSE AND THROAT NURSING

(Six Month Special Study)

1) Unique learning opportunities planned to meet individual interests.

2) Clinic and operating room experience included.

3) Students from approved schools can be admitted under the Foreign Visitors Exchange Program visas.

*For further information apply:*

DIRECTOR OF NURSING

**MASSACHUSETTS EYE AND EAR INFIRMARY**

**243 Charles Street - Boston 14, Mass.**

## THE JOHNS HOPKINS HOSPITAL

## *SCHOOL of NURSING*

Offers to qualified Registered Nurses a 16-week supplementary course in

**OPERATIVE ASEPTIC TECHNIC**

with instruction and practice in the general surgical, neurosurgical, plastic, orthopedic, gynecologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

*For information write to:*

**Director, School of Nursing**
**The Johns Hopkins Hospital**
**Baltimore 5, Maryland, U.S.A.**

# GRADUATE NURSES

**Considering locating in Metropolitan Toronto**

**Enquire now concerning September & October appointments in enlarged new 125-bed suburban Toronto hospital. Advantages offered include: —**

- Congenial working conditions of a smaller city hospital.
- Convenient public transportation to downtown Toronto.
- Attractive residence accommodation, if desired.
- Appointment to service of your choice.
- Good personnel policies with above average salary schedule.

Supervisors — $260 increasing to $310
Head Nurses — $245 increasing to $295
General Duty — $225 increasing to $275
Extra allowances for postgraduate training.

Apply Director of Nursing:

**HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST., WESTON**
**TORONTO 15, ONTARIO**



**PROVINCE OF NOVA SCOTIA**
**DEPARTMENT OF PUBLIC HEALTH**

**BURSARIES FOR TRAINING IN PUBLIC HEALTH NURSING**

Applications are invited from Graduate Nurses wishing to train in the above. Bursaries to successful applicants — $125.00 per month if single, or $175.00 per month with dependents, plus tuition, books (up to $25.00) and travel expenses.
Nurses who have an entrance into university may be taken on our staff for a period of field work before going to university this Fall.

*Further information may be obtained from:*
**Miss Phyllis J. Lyttle, R.N.**
**Superintendent of Nurses**
**Department of Public Health**
**Box 488, Halifax, Nova Scotia**

*Application forms may be obtained from the*
**NOVA SCOTIA**
**CIVIL SERVICE COMMISSION**
P.O. Box 943, Provincial Administration Building, Halifax, Nova Scotia
or
by telephoning 2-7341 - Branch 230


by Dr. E. S. Giddings. The valedictory was delivered by Miss H. Cameron.

A dance sposored by the alumnae of the hospital was held as part of graduation festivities. Medical and nursing staff, student nurses and friends enjoyed a delightful evening.

## QUEBEC

### District 9

### Quebec City

*Jeffery Hale's Hospital*

The spring class of student nurses received their caps at a pleasant ceremony in May. D. MacLeod was the recipient of *The Canadian Nurse* award. Miss M. Jameson, director of nurses, addressed the group, choosing as her topic "Nursing Yesterday and Today." Premier Duplessis officially opened the new hospital at a ceremony held on the grounds early in the year.

### District 11

### Montreal

Pamela E. Poole, Queen Elizabeth Hospital, Sr. Ste. Marguerite M. Alacoque, Hotel-Dieu de Gaspé and Marie Claire

# 50 Nurses Needed...

## HAMILTON, ONTARIO

*The three city-owned hospitals, the General, the Mountain and the Nora-Frances Henderson, have recently undergone an expansion program and are in immediate need of a minimum of 50 Registered Nurses.*

Recognized as one of the most modern-equipped hospitals in Canada, the Hamilton General offers the Registered Nurse working and recreational facilities second to none.

Situated in the heart of what has been termed the "Golden Horseshoe", Hamilton is a city practically equidistant to Toronto and Buffalo, big enough to be interesting, yet small enough to be friendly and hospitable to the individual.

The rates of pay to Registered Nurses are the highest in the Province of Ontario. For Registered Nurses who work rotating hours of service, the beginning salary is $53.00 per week. The daily rate is $10.50 for each eight-hour period of duty.

Hours of duty: (a) 8 hour day—42 hours weekly average —rotating service. DAYS: 7 a.m. to 3.30 p.m. or 10 a.m. to 7 p.m.; EVENINGS: 3 p.m. to 11.30 p.m.; NIGHTS: 11.15 p.m. to 7.15 a.m. These schedules include one half hour for each meal and 15 minutes for morning coffee. (b) Two days off three successive weeks and one day off every fourth week. (c) All statutory holidays or compensatory time.

VACATIONS: Registered Nurses after one year of service receive 3 weeks vacation with pay. It is less than 200 miles to the beautiful Muskoka Lakes District, less than 2 hours to the U.S. border.

Here is a unique opportunity for Registered Nurses to come to a thriving community where your opportunities are unlimited.
*For further particulars write:*

**HAMILTON GENERAL HOSPITAL**
**Barton Street East**
**Hamilton, Ontario**

# Calling All Canadian Graduate Nurses

- **How would you like to work and live in the heart of Manhattan?**

  THE ROOSEVELT HOSPITAL, a voluntary, general hospital, offers you this opportunity.

- **Why not enjoy these benefits offered by Roosevelt?**

  BASE SALARY — Begins at $270 per month, without experience. Experience qualifies for higher starting salary.

  INCREMENTS — Start after first 6 months and continue annually.

  BONUSES — $40 for evening and $20 for night duty.

  VACATION — 4 weeks annually.

  HOLIDAYS — 10 annually.

  LAUNDRY SERVICE

  HOSPITALIZATION

  HEALTH SERVICE

  SOCIAL SECURITY

*For further information write to:*

**DIRECTOR OF NURSING, DEPARTMENT NS, ROOSEVELT HOSPITAL**

**59th Street West, New York City**


Beaudoin, Notre-Dame de l'Esperance have been awarded provincial bursaries for advanced university study.

### *Royal Victoria Hospital*

Miss Grace A. K. Moffat has been made a life member of the alumnae association. The announcement was made at the recent annual meeting. Hamilton chapter held a tea at the home of M. Schwartz with an attendance of 17 alumnae. Fredericton members enjoyed a buffet supper at the home of O. (Ellis) McCombe. There were 42 graduates present. E. MacLennan brought greetings from the Nova Scotia chapters. G. (Parlee) Sinclair is secretary of the Saint John group while G. Abrams has been elected president of the Moncton chapter.

J. Stalker is a supervisor at the Cancer Institute, Lima, Peru. L. Gaulton is with the Department of Child and Infant Welfare, Saint John. M. (Wainwright) Hoffman, G. (Wainwright) Bliss and L. A. (Wells) Burnfield have been recent visitors.

### *St. Mary's Hospital*

The Gertrude McLellan Fund has been organized by members of the alumnae association. The purpose of the fund is to provide assistance to student nurses of the hospital. Members elected to office for the current year include: Mrs. K. Mooney, pres.; H. Murphy, treas.; Mrs. T. Biernacki, corr. sec.; J. McLellan, rec. sec.

## SASKATCHEWAN

### SASKATOON

### *City Hospital*

Members of the graduating class of 1956 were entertained at a court whist party by the alumnae association early in the year. Two members of the medical staff, Dr. Dale and Dr. Burke assisted with entertainment which included a singsong.

At a regular meeting of the association in May, Miss Hazel Keeler of the University Hospital attended as guest speaker. Her description of her tour of western Europe and her collection of slides were enjoyed by all.

### *St. Paul's Hospital*

Graduation exercises for the largest class ever to convocate from the school of nursing were held in mid-May. Seventy-three nurses received their diplomas from Rev. R. W. Finn, professor of philosophy, St. Thomas More College, University of Saskatchewan. Dean J. F. Leddy of the Faculty of Arts and Science presented the awards. Miss M. Mackenzie, clinical coordinator, administered the nurses' pledge. The address to the graduating class was given by Dr. D. M. Baltzan, chief of staff of the hospital. The school of nursing glee club under the direction of J. Shewchuk participated in the ceremony with J. McKerrow as accompanist.

# Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

---

**Superintendent of Nurses (1).** Salary: $275 per mo. **Graduate Nurses (2).** Salary: $225 per mo. less $40 per mo. room, board & laundry. 28-bed hospital, pleasant surroundings, 5 mi. from U.S. border. 40-hr. wk., 4 wk. vacation after 1 yr. service. 1½ days sick leave per mo., yearly accumulative. Nice nurses' residence. Apply The Grands Forks Community Hospital, Grand Forks, B.C.

---

**Registered Nurses (2) for modern 8-bed hospital immediately.** Salary: $240 per mo. Full maintenance $30 per mo. Apply B.E.I. Magnusson, Box 11, Hodgeville, Saskatchewan.

---

**Superintendent of Nurses (Immediately), Operating Room Supervisor & General Duty Nurses** for new 80-bed hospital opening August, 1956. Postgraduate with experience preferred. Apply Administrator, Portage la Prairie, Manitoba.

---

**Superintendent of Nurses for 53-bed hospital.** Fully accredited & offering ideal working conditions to a qualified Registered Nurse. Salary: $225 plus full maintenance & apt. in new nurses' residence. Excellent personnel policies. 1 mo. annual vacation. Apply Secretary, Kentville Hospital Assoc., Kentville, Nova Scotia.

---

**Superintendent (Sept. 1, 1956 or before) for modern 50-bed Community Hospital, 50 mi. from Ottawa.** Full maintenance. 1 mo. vacation with pay after 1 yr. service. 7 statutory holidays. Apply stating qualifications & references to Sec. to the Board, Pontiac Community Hospital, Shawville, Que.

---

**Matron & General Duty Nurse for 8-bed hospital.** Salaries: $265 & $235 gross with 6, $5.00 increases every 6 mo. $25 maintenance in separate nurses' residence. 8-hr. shifts. 1 mo. vacation. Sick leave. Apply Sec. Treas., Kyle-White Bear Union Hospital, Kyle, Sask.

---

**Matron (1) $230 per mo. General Duty Nurses (2), $200 per mo., with full maintenance for 20-bed hospital.** Modern nurses' home. Usual holidays with pay & sick leave, etc. Apply to Matron, Union Hospital, Vanguard, Sask.

---

**Asst. Director of Nursing for 450-bed hospital with school of nursing.** Experienced, preferably with University Certificate of postgraduate training. Salary according to experience. 40-hr. wk. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

---

**Night Supervisor, Head Nurse, Assistant Head Nurse & General Duty Nurses for 156-bed Pediatric Hospital.** Rotating shifts for staff nurses. Student nurse affiliation program in Orthopedic-Pediatric nursing. Apply Director of Nursing, Alberta Red Cross Crippled Children's Hospital, Calgary, Alta.

---

**Pediatric Supervisor (Experienced with postgraduate study) for supervision of Children's Ward & Nursery in 100-bed hospital.** Apply Director of Nurses, Royal Alexandra Hospital, Edmonton, Alberta.

---

**Supervisor for Pediatrics Dept.** with postgraduate course or equivalent. Contract conforms with R.N.A.B.C. personnel practices. Apply Director of Nurses, General Hospital, Chilliwack, B.C.

---

**Supervisor (Experienced)** to act as Assistant Superintendent in a general supervisory position in active 50-bed hospital, near Toronto. Apply giving full information as to qualifications, experience & references to Supt., General Hospital, Cobourg, Ont.

---

**Operating Room Supervisor, Night Supervisor & Staff Nurses.** Good salary & personnel policies. Living accommodations available. Apply Director of Nurses, General Hospital, Parry Sound, Ontario.

---

**Night Supervisor, Assistant Head Nurses & Staff Nurses.** Excellent personnel policies. Apply Director, Shriner's Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Que.

---

**Operating Room Supervisor — Dynamic & ambitious for 325-bed, private non-profit, fully air-conditioned Medical Center in mid-west university city.** Excellent salary & personnel policies. Give full details of education & experience in first letter. Apply Box #C, The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal, Que.

**Operating Room Supervisor.** Qualified by experience or postaraduate training for August or September in preparation to taking charge of Operating Room October 1st. For full particulars apply Director of Nurses, Union Hospital, Swift Current, Sask.

---

**McKellar General Hospital, Fort William, Ont. requires Registered General Duty Nurses.** Good personnel policies. Residence accommodation available at reasonable rates. Hospital has recently completed a well equipped & staffed wing with extensive renovation program progressing in the old section. Apply Director of Nursing.

---

**Instructor in science (1) & medical-surgical (1) for Aug.** Excellent personnel policies. Apply Director of Nurses, St. Joseph's Hospital, North Bay, Ontario.

---

**Surgical (1) & Pediatric (1) Instructors** for 300-bed hospital with school of nursing at Head of the Lakes. Salary based on R.N.A.O. recommendations. 1 mo. vacation after 1 yr. service. Attractive living accommodation available. Apply, stating experience & date available, to Director of Nursing, General Hospital, Port Arthur, Ont.

---

**Instructor** for school of nursing — Applications are invited for 138-bed hospital. This school is affiliated with Montreal hospitals, the teaching schools associated with McGill University. For particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

---

**Registered Nurses (2) for 18-bed General Hospital, situated on the beautiful Arrow Lakes.** B.C. standard salaries. Holidays. 40-hr. wk. Apply Matron, Arrow Lakes Hospital, Nakusp, B.C.

---

**Registered General Staff Nurses** for 30-bed hospital. $225 plus $10 if B.C. Reg'd. 40-hr. wk., 10 paid statutory holidays, 4 wk. vacation, residence accommodation. Apply Administrator, Ladysmith General Hospital, Vancouver Island, B.C.

---

**Registered General Duty Nurse** for fully modern 30-bed hospital. Gross starting salary $210 per mo. increased according to experience, with salary increases of $5.00 after each 6 mo. service. Overtime. 4 wk. vacation with pay after 1 yr. service. 44-hr. wk. All statutory holidays. Accumulative sick leave. Separate living quarters. Apply Superintendent, District Hospital, Roblin, Man.

---

**Registered Nurses for new 65-bed hospital.** 25 mi. north of Winnipeg. Hourly bus service. Salary: $195-215. $10 differential for evening & night duty. Accommodation available in new residence with T.V. Usual personnel policies. Apply Supt. General Hospital, Selkirk, Manitoba.

---

**Registered Nurses.** Single room residence. $225 per mo. gross. 5 day wk. 20 mi. east of Toronto. Apply Supt. Ajax & Pickering General Hospital, Ajax, Ont.

---

**Registered Nurses.** Gross salary for nurses currently registered in Ont. $235 per mo. Good personnel policies. New facilities. Comfortable nurses' residence. 8-hr. rotating shift. 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ days holiday allowed per mo. same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

---

**Registered General Duty Nurses** for new 58-bed hospital situated in North Western Ontario. Opening about Sept. 1, 1956. Salary: $227 per mo. subject to increase after 6-mo. with regular annual increase thereafter. $45 per mo. room & board. 30 days vacation & rail fare refunded after 1 yr. service. New 21-bed nurses' residence, each room having an adjoining bathroom. Apply stating age & when available to Frederick Taylor, Administrator, Dist. General Hospital, Dryden, Ont.

---

**Registered Nurses for General Duty.** Initial salary: $200 per mo.; with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

---

**Registered General Duty Nurses for 200-bed hospital in the Niagara Peninsula.** Gross salary $210, afternoons — $220, nights — $215. Annual increments. 44-hr. wk. 3-wk. vacation per yr., 8 statutory holidays. Cumulative sick leave. Accommodation available in attractive residence. Apply Director of Nursing, County General Hospital, Welland, Ont.

---

**Reg'd. Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal.** Salary: $200 per mo., additional monthly bonus for permanent evening & night shifts. 44-hr. wk., 8-hr. duty. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

**Registered Staff Nurses (Immediately) for 220-bed hospital, including new finely equipped wing.** Duty assignments in Obstetrical, Medical & Surgical Units. Gross starting salary: $220. Good ersonnel policies. Paid vacations, sick leave, pension plan. Apply Director of Nursing Union Hospital, Moose Jaw, Sask.

---

**Registered Nurses for 82-bed accredited hospital.** Gross salary $210-$230 per mo. 5½ day wk. with no split shifts. 30 days vacation with pay after 1 yr. service. Statutory holidays. Room in comfortable residence & laundry of uniforms provided at $8.00 to $12 per mo. Apply Supt. of Nurses, Union Hospital, Canora, Sask.

---

**Registered Nurses. Male & Female.** Starting salary: $300 up, plus $10 pm shifts. 40-hr. wk., paid vacation, 10 days sick leave. Social Security, hospital group ins. Apply Mr. Glenn A. Dickau, R.N., Administrator, Memorial Hospital, Corning, California.

---

**Registered Nurses (under age 50) General Duty** — $330 per mo. **Head Nurse** — $345 to $360 per mo. Evening & night differentials. Retirement plan, sick leave benefits. 3 wk. vacation, 11 holidays. Modern nurses' residences. State eligibility for California registration & submit photo to Director of Nurses, Tulare-Kings Counties Hospital, Springville, California.

---

**Registered General Duty Nurses for 118-bed General Hospital** along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

---

**Registered Nurses for Medical-Surgical, Psychiatric, Obstetrical & Pediatric Units. 325-bed, air-conditioned hospital.** Starting salary: $265 with bonus for evening & night duty. 40-hr. wk. Liberal personnel policies, low cost cafeteria, free laundry. Apply Director of Nursing, Menorah Medical Center, 4949 Rockhill Rd., Kansas City, Missouri.

---

**Registered Nurses for 398-bed J.C.A.H. non-sectarian research & teaching hospital with N.L.N. fully accredited school of nursing.** Liberal personnel policies include tuition aid for study at Western Reserve University. Housing available at reasonable rates. Apply Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio.

---

**Registered Nurses for 284-bed General Hospital** with vacancies in most departments including Psychiatry. Opportunity for advancement. Located on the beautiful Corpus Christi Bay in Texas which is a pleasant tropical climate. Positions available for **(1) Supervisors,** salary: $280-$315 per mo. **(2) General Staff,** starting salary: $250-$275 according to experience plus $10 differential for evening or night shifts. Liberal personnel policies, 40-hr. wk. & $50 transportation allowance. Apply Director of Nursing Service, Memorial Hospital, P.O. Box 5008, Corpus Christi, Texas.

---

**Registered Nurses for General Duty Staff.** Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

---

**General Duty Nurses (3) immediately for 30-bed hospital.** Located in a good town 80 mi. east of Calgary on the CPR main line & the Trans Canada Highway. Salary: $170 per mo. with full maintenance. Increases every 6 mo. 48-hr. wk. 8-hr. rotating shift. Apply by letter or wire for details of our staff plan to Mrs. H. Hislop, Matron, Municipal Hospital, Bassano, Alta.

---

**General Duty Nurses (Immediately) for 50-bed hospital on Edmonton-Calgary highway.** Starting salary, without experience: $175 per mo. with full maintenance & laundry. Increment for experience. Semi-annual increases. 3-wk. vacation plus 10 statutory holidays after 1 yr. 1½ days sick leave per mo. Voluntary pension plan. 50% Blue Cross Premiums. Apply, giving full particulars & date available to Matron, Municipal Hospital, Ponoka, Alberta.

---

**General Duty Nurses (2), Operating Room Nurse (1) for 70-bed hospital.** Starting salary $222 with increments. 40-hr. wk., 28 days vacation plus 10 statutory holidays, 1½ days sick leave monthly. Fare from Vancouver paid after 6 mo. & full board deduction of $25. Apply Matron, St. George's Hospital, Alert Bay, B.C.

---

**General Duty Nurses** for 110-bed General Hospital situated in the beautiful Fraser Valley, 68 mi. from Vancouver. Good bus service. Salary: $230 per mo. Personnel policies in accordance with R.N.A.B.C. agreement. 40-hr. wk. Residence accommodation. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

---

**General Duty Nurses.** Salary: $230-270, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

---

**General Duty Nurses (3) Immediately for 27-bed Community Hospital.** Salary: $230 per mo. with annual increments of $5.00 per mo. 40-hr. wk. 28 days vacation after 1 yr. service. All statutory holidays paid. Room, board & laundry $40 per mo. Apply, giving full details, Matron, Slocan Community Hospital, New Denver, B.C.

**General Duty Nurses** for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

**Royal Jubilee Hospital, Victoria, B.C.** invites applications for **General Duty Nurses** for permanent positions & vacation relief in 500-bed General Hospital. Salary $227.50-$262.50 5-day, 40-hr. wk. 4-wk vacation. 10 statutory holidays. Pension plan. Attractive employee benefits. Apply, Director of Nursing.

**General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics.** Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

**General Duty Nurses** for all departments. Gross salary: $210 per mo. if registered in Ontario $200 per mo. until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing. General Hospital, Oshawa, Ont.

**General Duty Nurses (3), O.R. Scrub Nurse for new 143-adult bed plus 30-bassinette hospital.** Good personnel policies. Starting salary: $215 per mo. Apply Director of Nurses, Plummer Memorial Hosp., Sault Ste. Marie, Ontario.

**General Duty Nurses** for 650-bed teaching hospital in central California. Salary: $288-$337 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

**Graduate Nurses (3)** for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience to Matron, Terrace & District Hospital, Terrace, British Columbia.

**Graduate Nurses (General Staff Positions)** for General Hospital. Salary: $235.50 per mo. as minimum & $273.75 as maximum, plus shift differential for evening & night duty. 40-hr. wk. Temporary residence accommodation is available. Applicants not registered in B.C. should forward a letter of acceptance of registration in B.C. from the Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Please apply Personnel Dept., Vancouver General Hospital, Vancouver, B.C.

**Graduate Nurses & Dietician (1)** for new, very modern 88-bed hospital in a pleasant progressive town. Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation, bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

**Graduate Nurse for 6-bed clinical investigation unit. (Rotating Service.)** Excellent opportunities to gain experience in research unit specializing in nutritional & metabolic diseases of infants & children. Applications invited from graduates of Canadian, United States or overseas hospitals. Apply Director of Nursing, Hospital for Sick Children, Toronto 2, Ont.

**Graduate Nurses** for duty on Obstetrical, Medical & Surgical Wards. Personnel policies as recommended by the Assoc. of Nurses of the Prov. of Quebec. Please apply Director of Nursing, Queen Elizabeth Hospital of Montreal, 2100 Marlowe Ave., Montreal 28, Que.

**Graduate Nurses for Psychiatric & General Duty at Wayne County Gen. Hospital & Infirmary, Eloise, Mich.,** located 17 mi. from downtown Detroit. Salary range: $4,360-$4,840, 40-hr. wk. Some 48-hr. positions open at $5,668-$6,292. Liberal vacation & sick leave. Candidates must be graduates of accredited Canadian nursing schools. Visa required. For information apply Wayne County Civil Service Commission, 628 City-County Bldg., Detroit 26, Michigan.

**Graduate Nurses** for new modern equipped hospital. Pleasant working conditions. Salary $260 per mo. Liberal vacation & health benefits. Meal on duty. Write, telephone or telegraph at our expense to Memorial Hospital, Cut Bank, Montana.

**General Staff Nurses** for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

**Staff Nurses for 500-bed General Hospital.** Beginning salary: $300 per mo. with advancement to $335 for those eligible for registration in the state of Michigan. Additional differential $1.50 per afternoon or night. 40-hr. wk. Hospital & school of nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan.

**Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs.** In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $300 with 4 annual increases to $341. Full maintenance $45 per mo. Liberal personnel policies. Apply Assoc. Director of Nursing Service, County General Hospital, Fresno, California.

# The
# Ontario Society for Crippled Children

*requires*

EXPERIENCED PUBLIC HEALTH NURSES

**GOOD SALARY RANGE**

*and*

**PERSONNEL POLICIES**

*For further information apply to:*

**THE SUPERVISOR OF NURSING SERVICES,**
**ONTARIO SOCIETY FOR CRIPPLED CHILDREN,**
**92 COLLEGE STREET, TORONTO 2, ONTARIO**

---

**General Staff Nurses (all departments)** for 340-bed hospital conveniently located near New Nork City. Beginning salary: $260 per mo. $30 bonus for 2:30-11 P.M. $20 for 10:30 P.M.-7 A.M. Extra bonus for Operating & Delivery rooms. Increments every 6 mo. for 5 yrs. 40-hr. 5-day wk. 1 meal & laundering of uniforms gratis. Living quarters available at moderate cost. Excellent personel policies. Overtime pay. 4 wk. vacation after 1 yr. 8 paid holidays. Sick time cumulative to 60 days. In-Staff educational program. Blue Cross ins. Pleasant working surroundings. Apply Director of Nursing Service, Presbyterian Hospital, Newark, New Jersey.

---

**Operating Room Nurse (1). General Duty Nurses to increase staff.** Salary: $235 per mo. for B.C. Registration. R.N.A.B.C. personnel policies. 40-hr. wk. Apply Acting Director of Nurses, General Hospital. Nanaimo, British Columbia.

---

Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

---

**Laboratory Technician (September 1st.) for 70-bed hospital.** Starting salary: $222 with increments. 40-hr. wk., 28 days vacation plus 10 statutory holidays. 1½ days sick leave monthly. Fare from Vancouver paid after 6 mo. & full board deduction of 25. Apply Administrator, St. George's Hospital, Alert Bay, B.C.

---

**Nurse Technician (Immediately)** preferably trained for intravenous therapy, transfusions etc. Apply Asst. Supt., Civic Hospital, Ottawa. Ontario.

---

**Registered or Licensed Practical Nurse.** Starting salary: $175 per mo. for R.N. $110 for practical. Full maintenance & living-in privileges included. 5 annual increments of $5.00 per mo. Apply John Hiscock, Sec.-Treas., Baldur Medical Nursing Unit, Baldur, Man.

---

**Office Nurse for Two-Doctor Practice.** Should be able to do ordinary laboratory work. No reception duties or evening work. Salary: $175 to $250 per month depending on ability & experience. Apply C. R. Cousineau & G. E. Foster M.D.,, Castor, Alberta.

---

**Public Health Nurses (Qualified) for City of Oshawa.** 4 vacancies. Generalized program in urban area. Starting salary without experience: $3,100. Annual increment $120. Transportation provided. 5-day wk. Pension & hospitalization plans available. Apply A. F. Mackay M.D., Medical Officer of Health, City Hall, Oshawa, Ont.

---

## NURSE TECHNICIANS

**A new comprehensive 2-year course of training in the Radiotherapy Dept., starts this September. Graduate Nurses (Senior Matriculation with physics) are invited to make enquiries into this interesting sphere which utilizes both nursing & technical skill.**
**Satisfactorily scaled remuneration is received during the 2 yrs. & a staff position is assured on qualification.**

**WRITE OR PHONE MRS. B. SHIFFMAN, SEC., FOR TRAINING, DEPT., OF RADIOTHERAPY, TORONTO GENERAL HOSPITAL, TORONTO. EMPIRE 6-2957.**

## DIRECTOR OF NURSING

Fully accredited suburban hospital recently enlarged to 125 beds requires Director to take charge of Nursing Service of 110 personnel — No training school.

- Postgraduate training in Nursing Administration &/or equivalent experience required.
- Salary fully commensurate with the importance of the position.
- Full scope for progressive direction & personal satisfaction.
- Congenial working conditions in a well established smaller city hospital.

**Enquire in confidence to**

*Administrator:* **HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST., WESTON, TORONTO 15, ONT.**

**Public Health Nurses.** Duties to commence between June & Sept. 1956. Salary: $2,796-$3,396. 5-day wk. 1 mo. vacation. Pension plan. Apply Dr. W. H. Hill, M.O.H., Dept. of Health, Calgary, Alta.

---

**Staff Nurses Grade 1 for Provincial Mental Hospital.** Permanent positions & summer relief work. Salary: $239 to $271 per mo. Must be a reg'd. nurse currently registered in B.C. or eligible for registration in the province. Preferably some experience in general nursing. Applicants must be British subjects. For further information & application forms apply Personnel Officer, Civil Service Commission, Essondale, B.C. Phone, LA. 1-1911.

---

**Public Health Nurse Grade 1.** British Columbia Civil Service, Dept. of Health & Welfare. Starting Salary $255, $260, $266 per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

---

**Public Health Nurses (qualified) for generalized program.** Salary $2,700 to $3,200 depending on experience. Annual increment $100. 5-day wk. Pension plan. Blue Cross & P.S.I. available. Car provided or car allowance. Apply Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

---

**Public Health Staff Nurses (2) for generalized program** in city of 43,000. Blue Cross & P.S.I. employer shared. Transferrable accumulative sick leave & pension plans. Workmen's Compensation. Group ins. available. Transportation provided or allowance — 10¢ first 2,000 mi., 8¢ per mi. thereafter. 5-day wk. 1 mo. vacation with extra time at Christmas. Salary scale: $3,000 for inexperienced nurses to start with annual increments of $150. All starting salaries dependent on experience. For further information please write supplying details of training & experience to Medical Officer of Health, City Hall, Peterborough, Ont.

## DIRECTOR OF NURSING

*for*

**VICTORIA HOSPITAL, RENFREW, ONTARIO**

**Approximately 100-beds** **School of Nursing with 30-40 students.**

**Qualifications desired:** Degree or postgraduate certification in nursing service and school of nursing administration and some experience.

**Prequisites:** Private 3-room apartment in residence; full maintenance and laundry provided.

**Initial salary:** $250-$300 per month, depending on qualifications and experience.

*Apply, with references to*

**CHAIRMAN, PERSONNEL COMMITTEE, VICTORIA HOSPITAL, RENFREW, ONTARIO**

## *See Quebec With Employment Rather Than A Tourist Visit*

### OPERATING ROOM SUPERVISOR
### GRADUATE NURSES FOR GENERAL DUTY

**Where?** **Jeffery Hale's Hospital**

**Why Unique?** **Only English speaking hospital & training school in Quebec City**

*For information write:*

DIRECTOR OF NURSES, JEFFERY HALE'S HOSPITAL, 1250 ST. FOY, QUEBEC, P.Q.

---

**Public Health Nurses** for generalized program, bedside nursing included. Rural area. Blue Cross & group ins. available. Good transportation policy. 4-wk. vacation after 1 yr., statutory holidays. Apply Dr. J. I. Jeffs, Lennox & Addington County Health Unit, Napanee, Ont.

---

**Public Health Nurse (1) for generalized program** in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King. York County Health Unit, Newmarket, Ont.

---

**Public Health Nurse (August 1 or September 1)** for Dept. of Health Staff. Must have P.H.N. Certificate. R.N.A.O. salary & hours. $540 car allowance per yr. 1 mo. annual vacation. Sick time. Apply of Health, 100-8th St. E., Owen Sound, Ont.

---

**Public Health Nurses (qualified.)** Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative.) Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

---

**Supervisor (qualified.)** Good salary. Extra allowance for experience if French speaking. 5-day wk., 4-wk. vacation, 18 days sick leave cumulative annually. Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

---

**Public Health Nurse for an expanding program in a growing suburban municipality.** Minimum starting salary: $3,200 with regular merit rating increases & car allowance. 20 days vacation after 1 yr. service. Address inquiries to the Personnel Director, Township of Etobicoke, 4941A Dundas St. W., Toronto 18, Ont.

---

**Registered General Duty Nurses (3) for 19-bed hospital** in oil town 95 mi. S.W. of Edmonton. Close to Sylvan & Gull Lakes. Daily bus service to Edmonton. Salary: $200 per mo. plus maintenance & laundry. $5.00 raise every 6 mo. for 2 yrs. 44-hr. wk. Apply giving full particulars to the Matron, Municipal Hospital, Rimbey, Alta.

---

**Nurse-Matron for reputable boy's school in Ontario.** Widow, 40-45 years old preferred. Boys 10-14 years old. Board & lodging supplied. Interview & references required. Apply Principal, The Junior School, Trinity College School, Port Hope, Ont.

---

## GENERAL STAFF NURSES

For 526-bed General Hospital with opportunity for advancement. Rotating or permanent day, evening & night assignments. 40-hr. wk. 6-hr. evening duty. Salary $270 to $310 with planned merit increases. Substantial evening & night bonus. Tuition assistance for university & college courses. On duty time may be arranged to accommodate college schedules. 2 wk. vacation after 1 yr. of service, 3-wk. after 2 yrs. 5-10 days paid sick leave. Uniforms laundered. Temporary housing available in the hospital residence at a nominal fee. Convenient public transportation.

*Apply:*

DIRECTOR OF NURSING SERVICE, SAINT LUKE'S HOSPITAL, 11311 SHAKER BLVD., CLEVELAND 4, OHIO

## PEDIATRIC INSTRUCTOR

Responsible for classroom and clinical instruction in pediatric nursing & co-ordinating maternal & child care program in school where organizational set-up permits stressing of patient-centred care and student-centred learning activities.

*For further information apply:*

**DIRECTOR, SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO.**

## GENERAL STAFF and PSYCHIATRIC NURSES

*Required to staff*

New wing of 350-bed General Hospital.

Basic salary: $250 per mo. with yearly increments of $120 for 3 years.

Differential for evening & night duty.

*For further information apply to:*

**DIRECTOR OF NURSING SERVICES, METROPOLITAN GENERAL HOSPITAL**
**1995 LENS AVENUE, WINDSOR, ONTARIO**

# REGISTERED NURSES

Sequoia Hospital in Redwood City, California, has openings on its staff for registered Nurses. Sequoia is a 218-bed District Hospital which was built in 1950 & to which a new wing was added in 1954. Redwood City, with its population of 42,000 is located 25 miles south of San Francisco. Its slogan, "Climate Best by Government Test," is appropriate. This is a community of beautiful homes & gardens, fine schools & churches, & a hospital in which the residents take great pride.

Salary: To start — $300 per mo. with $7.50 increase every 6 mo. to a maximum of $330.

**($10 SHIFT & DEPARTMENT DIFFERENTIALS.)**

**Vacations: After 1 year — 10 days (2 wks.)**
**After 2 years — 15 days (3 wks.)**
**After 3 years — 20 days (4 wks.)**

**Social Security — Group Insurances — Credit Union**

*For further information, write*

**PERSONNEL OFFICE**
**SEQUOIA HOSPITAL, REDWOOD CITY, CALIFORNIA**

## REGISTERED NURSES
**$2,610-$3,360**

## CERTIFIED NURSING ASSISTANTS
**$2,040-$2,220**

**SUNNYBROOK HOSPITAL**
**TORONTO**

**WESTMINSTER HOSPITAL**
**LONDON**

Application forms, available at your nearest Civil Service Commission Office, National Employment Service & Post Offices, should be forwarded to the

**CIVIL SERVICE COMMISSION,**
**25 ST. CLAIR AVE. E., TORONTO 7, ONTARIO**

## GENERAL STAFF NURSES

*for*

*200-bed hospital*

**Pleasant city of 38,000. Three colleges.**

**Good salary and personnel policy.**

*For further information apply to:*

**DIRECTOR OF NURSES, GENERAL HOSPITAL, GUELPH, ONTARIO**

**REGISTERED NURSES**
**NURSING ASSISTANTS**
**ORDERLIES**

Required for all Departments in New 150-bed General Hospital

Excellent Salary & Personnel Policies

Hospital scheduled to open August 1st, 1956

*Apply*

**DIRECTOR OF NURSING,**
**QUEENSWAY**
**GENERAL HOSPITAL**
**TORONTO 14, ONTARIO**

**EDUCATIONAL DIRECTOR**

*for*

**SCHOOL OF NURSING**

**Saint John General Hospital**

**DUTIES TO COMMENCE JULY 1, 1956.**

Degree in nursing education with experience required.

New Educational Department opening in March, 1956.

Expected registration 200 students.

**APPLY: DIRECTOR OF NURSING,**
**SAINT JOHN GENERAL HOSPITAL,**
**SAINT JOHN, N.B.**

## GRENFELL LABRADOR MEDICAL MISSION

The Grenfell Mission requires a Laboratory Technician, Occupational Therapist and Nurses for their headquarters at St. Anthony, Newfoundland. These are positions which combine work in a modern hospital with the opportunity for service to the people of the Canadian Northland.

For full information please write:

MISS DOROTHY A. PLANT, SECRETARY
GRENFELL LABRADOR MEDICAL MISSION, 48 SPARKS ST, OTTAWA 4, ONTARIO

**REQUIRED IMMEDIATELY**
**Obstetrical Supervisor (Qualified)**
**Head Nurse, Nursery**
**(Postgraduate experience preferred)**
**General Staff Nurses, All departments**
**($225 per mo. plus laundry)**

New 300-bed General Hospital. Excellent Personnel Policies.

*For further information apply:*
**Director of Nursing, Memorial Hospital, Regent St. S., Sudbury, Ontario.**

## NURSING INSTRUCTRESS

(Immediately)

Registered Nurse with experience & preferably postgraduate training in Psychiatric Nursing & Nursing Instruction to teach affiliate student nurses rotating through new 25-bed psychiatric ward in the Union Hospital, Moose Jaw.

**Salary range:**
**$288-$350 per month.**

Application forms are available from the
PUBLIC SERVICE COMMISSION,
LEGISLATIVE BUILDING,
REGINA, SASKATCHEWAN

## MOOSE JAW UNION HOSPITAL

**PSYCHIATRIC WARD**

*requires immediately*

**REGISTERED NURSES $232-$288**

This new 25-bed institution is being opened by the Saskatchewan Dept. of Public Health. Applicants should be registered with their professional assoc. & have some successful nursing experience.

Application forms are available from the
PUBLIC SERVICE COMMISSION,
LEGISLATIVE BLDG., REGINA, SASK.
& should be filed immediately.

## VICTORIAN ORDER OF NURSES FOR CANADA

*has Staff and Supervisory positions in various parts of Canada.*

***Personnel Practices Provide:***

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

*For further information write to:*

**Director in Chief,**
Victorian Order of Nurses for Canada,
193 Sparks Street, Ottawa 4, Ont.

## UNIVERSITY HOSPITAL

**SASKATOON, SASKATCHEWAN**

*Requires*

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty-four hour week. Salary $220 to $260 gross per month. Differential for evening and night duty, Residence Accommodation if desired.

*Apply to:*

**DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,**
**SASKATOON, SASKATCHEWAN**

## REGISTERED NURSE

**Opening for registered nurse with Public Health training at the Bluebell Mine of The Consolidated Mining and Smelting Company of Canada Limited. The Mine is situated on beautiful Kootenay Lake at Riondel, near Nelson, B.C.**

**Duties include nursing services for employees, their families & the community, acting as intermediary between patients & non-resident doctors. Home visits to sick or injured. Arranging for & assisting doctor in weekly clinics. Cooperate with First Aid Group, providing nursing service to accident cases on property. Other related duties. Emergency hospital at property.**

**Accommodation available with modern conveniences.**

**Starting salary: $325 per month.**

***Application should be made in writing to:***
**MANAGER, PERSONNEL DIVISION,**
**THE CONSOLIDATED MINING & SMELTING CO. OF CANADA LTD., TRAIL, B.C.**

## SCIENCE INSTRUCTOR
and
## NURSING ARTS INSTRUCTOR
for
**SCHOOL OF NURSING**
(In operation since 1908)

Registration: 100 students

New Rochelle Hospital
Degree in nursing education with experience required.

Salary open

**APPLY: ALEX E. NORTON, Superintendent**
**NEW ROCHELLE HOSPITAL**
**NEW ROCHELLE, NEW YORK**

# Official Directory

## CANADIAN NURSES' ASSOCIATION

### 270 Laurier Ave., W., Ottawa

| | |
|---|---|
| **President** | Miss Trenna G. Hunter, Metropolitan Health Com., City Hall, Vancouver, B.C. |
| **Past President** | Miss Gladys J. Sharpe, Western Hospital, Toronto 2B, Ont. |
| **First Vice-President** | Miss Alice Girard, Hôpital St. Luc, Lagauchetière St., Montreal, Que. |
| **Second Vice-President** | Miss Helen Carpenter, 50 St. George St., Toronto 5, Ont. |
| **Third Vice-President** | Miss E. A. Electa MacLennan, School of Nursing, Dalhousie University, Halifax, N.S. |

### OTHER MEMBERS OF EXECUTIVE COMMITTEE

*Presidents of Provincial Associations—*

| | |
|---|---|
| **Alberta** | Miss Elizabeth Bietsch, General Hospital, Medicine Hat. |
| **British Columbia** | Miss Alberta Creasor, 1645 West 10th Ave., Vancouver 9. |
| **Manitoba** | Miss Marie LaCroix, Misericordia Hospital, Winnipeg. |
| **New Brunswick** | Miss Grace Stevens, Box 970, Edmundston. |
| **Newfoundland** | Miss Elizabeth Summers, 55 Military Rd., St. John's. |
| **Nova Scotia** | Mrs. Dorothy McKeown, 79½ Allen St., Halifax. |
| **Ontario** | Miss Christine Livingston, 193 Sparks St., Ottawa 4. |
| **Prince Edward Island** | Sister Mary Irene, Charlottetown Hospital, Charlottetown. |
| **Quebec** | Mlle Eve Merleau, Apt. 52, 3201 Forest Hill, Montreal 26. |
| **Saskatchewan** | Miss Mary MacKenzie, St. Paul's Hospital, Saskatoon. |

*Religious Sisters (Regional Representation)—*

| | |
|---|---|
| **Maritimes** | Rev. Sister Helen Marie, St. Joseph's Hospital, Saint John, N.B. |
| **Quebec** | Rev. Sister M. Felicitas, St. Mary's Hospital, Montreal. |
| **Ontario** | Rev. Sister M. de Sales, St. Michael's Hospital, Toronto 2. |
| **Western Canada** | Rev. Sister M. Laurentia, Providence Hospital, Moose Jaw, Sask. |

*Chairmen of National Committees—*

| | |
|---|---|
| **Nursing Service** | |
| **Nursing Education** | |
| **Public Relations** | |
| **Legislation and By-Laws** | Miss Helen Carpenter, 50 St. George St., Toronto, Ont. |
| **Finance** | Miss Alice Girard, Hôpital St. Luc, Montreal, Que. |
| **Editorial Board** | |

### EXECUTIVE OFFICERS

**Alberta Ass'n of Registered Nurses,** Mrs. Clara Van Dusen, Ste. 5, 10129-102nd St., Edmonton.

**Registered Nurses' Ass'n of British Columbia,** Miss Alice L. Wright, 2524 Cypress St., Vancouver, 9.

**Manitoba Ass'n of Registered Nurses,** Miss Lillian E. Pettigrew, 247 Balmoral St., Winnipeg.

**New Brunswick Ass'n of Registered Nurses,** Miss Muriel Archibald, P.O. Box 846, Fredericton.

**Ass'n of Registered Nurses of Newfoundland,** Miss Pauline Laracy, Cabot Bldg., Duckworth St., St. John's.

**Registered Nurses' Ass'n of Nova Scotia,** Miss Nancy H. Watson, 301 Barrington St., Halifax.

**Registered Nurses' Ass'n of Ontario,** Miss Florence H. Walker, 515 Jarvis St., Toronto 5.

**Ass'n of Nurses of Prince Edward Island,** Mrs. Helen L. Bolger, 188 Prince St., Charlottetown.

**Association of Nurses of the Province of Quebec,** Miss Winonah Lindsay, 506 Medical Arts Bldg., Montreal, 25.

**Saskatchewan Registered Nurses' Ass'n,** Miss Lola Wilson, 401 Northern Crown Bldg., Regina.

### ASSOCIATION OFFICERS

**Canadian Nurses' Association:** 270 Laurier Ave. West, Ottawa. *General Secretary-Treasurer,* Miss M. Pearl Stiver. *Secretary of Nursing Education,* Miss Frances U. McQuarrie. *Secretary of Nursing Service,* Miss F. Lillian Campion. *Assistant Secretary,* Miss Rita MacIsaac.

**International Council of Nurses:** 1, Dean Trench St., Westminster, London S.W. 1, England. *Executive Secretary,* Miss Daisy C. Bridges.

FOR THE NORMAL INFANT

# LACTOGEN

*PRESCRIBE WITH CONFIDENCE*

✳ SAFE

✳ SIMPLE

✳ MODIFIED MILK

Meeting vital nutritional needs, Lactogen provides more protein and vitamin $B^6$ in its natural form than breast milk, plus added vitamins A and D and organic iron.

The economical all milk formula in powdered form designed especially for the normal infant.

**SIMPLY ADD WATER**

NESTLÉ

Supporting clinical data and samples available exclusively to the medical profession.

**ANOTHER WORLD-FAMOUS NESTLÉ PRODUCT**

**NESTLÉ (CANADA) LTD., Medical Documentation**

**80 King Street West, Toronto, Ontario**